

January 31, 2006



TRANSCRIPT
January 31, 2006

MONTGOMERY COUNTY COUNCIL

PRESENT

George Leventhal, President	Marilyn J. Praisner, Vice President
Phil Andrews	Howard Denis
Nancy Floreen	Michael Knapp
Thomas Perez	Steven A. Silverman
	Michael Subin



January 31, 2006

1 Councilmember Praisner,
2 There she is. Would you please rise?

3
4 Reverend Rosetta Robinson,
5 Before we conclude with a prayer I want to begin with a few lines of a passage in
6 Mother Teresa's book, "The Simple Path." "The fruit of silence is prayer. The fruit of
7 prayer is faith. The fruit of faith is love. The fruit of love is service. The fruit of service is
8 peace." Shall we pray? Oh, God, we live in a world where there is not the kind of peace
9 that you would desire for us. There is war and strife and there are gangs and there is
10 domestic violence and hate crimes against churches. And all these things threaten our
11 humanity, our sense of community, our wholeness. Lord, we know that these hate
12 crimes are things that are fuelled by racial and social injustice, and we thank God for
13 persons like Martin Luther King Junior and his wife, Coretta Scott King, who labored to
14 promote a better sense of humanity, who worked against such racial hatred. Lord, we
15 are also mindful of the tension that exists within the lives of everyday people who live
16 with the tension each day of not having enough to eat and not enough to buy food, not
17 enough to buy medicine, not enough to pay for housing to keep a roof over their heads.
18 Oh, God, convict us now, all of us here and members of the Montgomery County
19 Council to be about the business of providing hope and using their resources to provide
20 hope and opportunities to bring peace to those who so desperately need it. Amen.

21
22 Councilmember Praisner,
23 Thank you Reverend Robinson and also thank you for noting occasion of the passing of
24 Ms. Coretta Scott King. And we all share in the recognition and the opportunity that this
25 provides us to thank both of them for all that they have given to our country. Thank you.
26 We have a presentation this morning, a proclamation in recognition of the Paul
27 Schwartz, a local filmmaker, for making "F.D." a profile of the firefighting profession by
28 Councilmember Andrews.

29
30 Councilmember Andrews,
31 Good morning, I'd like to have the family of Paul Schwartz and friends join me here at
32 the podium. And Chief Tom Carr of the Fire Service. Martin Luther King once said that
33 everyone can be great because everyone can serve. And we have thousands of
34 firefighters, men and women dedicated across the state and many more thousands
35 across nation that serve us every day. And they, of course, when people are running out
36 of buildings, they run in. And when people have a serious collisions, they come to
37 rescue. We have many people who our fans of them and help support them. The
38 Schwartz family has a firefighting tradition. One of their members is a long-time
39 firefighter in Fairfax County and I think in Prince George's County as well. Paul
40 Schwartz who we are honoring here today was a filmmaker who made a film that is
41 used across the nation in fire departments to help firefighters and others understand
42 what it's really like to be a firefighter. And I want to present on behalf of the County
43 Council to the Schwartz family today, and I am joined up here by James Schwartz, Paul
44 Schwartz' father, his friend [Ona Karen], Leo Schwartz, Robert Schwartz, Margaret
45 [Lawson], sister, and Chief Carr. And the proclamation reads: "The County Council of



January 31, 2006

1 Montgomery County, Maryland, proclaims whereas Paul Schwartz, a Bethesda resident
2 and filmmaker, produced a documentary video called "F.D." profiling the firefighting
3 profession, and whereas firefighters know they face danger and even death every time
4 they go to work and risk their lives for strangers, and whereas Paul's film is an intimate
5 look at the firefighters' highly charged daily routine of responding to calls, living together
6 at the firehouse, and struggling to leave the job behind as they return to their families,
7 and whereas through individual interviews "F.D." presents an honest, straight-on look at
8 firefighters daily work lives, the toll it takes on them and their families and the rewards
9 that keep them dedicated to a very tough job. And whereas the video has won
10 numerous awards and is being used by several safety institutions across the country for
11 training. And whereas many people who have seen it have gained a deeper
12 understanding and greater appreciation of the firefighters who protect them, Now
13 therefore be it resolved that the County Council of Montgomery County, Maryland,
14 hereby congratulates Paul Schwartz on in the making of a "F.D." And it is presented to
15 his family this 31st day of January in the year 2006. Signed by George Leventhal,
16 Council President.

17
18 Multiple Speakers,
19 Thank you.

20
21 [APPLAUSE]

22
23 Councilmember Andrews,
24 I want to note sadly that Paul was in hospice care recently and sadly he passed away
25 this weekend. And we want to honor the work he did in his life and thank his family for
26 being here today and I would like to have his brother say a few words.

27
28 Robert Schwartz,
29 Thank you, I'm Robert Schwartz and my brother -- I just want to thank the Councilman
30 and the rest of the Council for this. Just give me a minute please... My brother would be
31 so touched by this. It came from his heart too. Sadly, my brother died on Friday after a
32 three-year battle with cancer. He suffered so much. Please, please get this video and
33 please share it.

34
35 Councilmember Andrews,
36 We will.

37
38 Robert Schwartz,
39 He was 39 years old. And although not a firefighter, he was inspired by his oldest
40 brother -- who couldn't be here right now -- our brother Tom, who is a retired captain of
41 the Fire Department. He was more than just a documentarian. He was a published
42 author, a professional award-winning photographer, and a teacher, that was the most
43 important thing he was. After one of his photo exhibits, he met a woman and she was a
44 firefighter and he was struck by this and he remembered his older brother. And he said,
45 "Wow, this is interesting!" It just struck him to do this film for this woman and firefighters.



January 31, 2006

1 He talked to his brother, Tom, and he talked to the Chief of the Fire Department at
2 Santa Rosa and he went in another direction. And that was do a film on the firemen and
3 women. And he did, and I've seen some other documentaries on the fire department
4 and what he's done is he sat these guys down -- He spent two years with them, his own
5 money, his own time from 1999 to about 2001. They sit down and they do open up and
6 they talk about the physical pain, that this guy well knows -- aware of it. The mental pain
7 that they go through, and they hold it in sometimes. Families, early retirements,
8 divorces. These guys are the unsung heroes, they talk about it. Well, this film, if you
9 would, please watch this film. You will see and get a better understanding of what these
10 guys go through every day, and even after they retire, the mental anguish they go
11 through sometimes because they see the worst. As the Councilman said, when you
12 need them, they are there, and they are there when you really need them bad. He
13 would be so touched by this. I had another ending for this story and I'm not sure where I
14 am going to go right now.

15
16 [LAUGHTER]

17
18 He would be very touched by this. Our family is very proud of him. And I think as a
19 longtime Montgomery resident, he lived here 'til he was 26, and his second home was
20 out in Santa Rosa, California, which he loved, for 17 years. You are going to be proud of
21 your son of Montgomery County when you see this film. Thank you very much.

22
23 [APPLAUSE]

24
25 I'd like to present a copy of the video to the County.

26
27 Councilmember Andrews,
28 Thank you, thank you. We will watch it, and it's called "F.D." and it was made by Paul
29 Schwartz. Thank you very much.

30
31 Multiple Speakers,
32 Could we get a picture?

33
34 Councilmember Andrews,
35 Oh...let's see.

36
37 Unknown Speaker,
38 A little bit further. There we go.

39
40 Multiple Speakers,
41 Thank you very much.
42 Okay, thank you very much.
43 Thank you.

44
45 Council President Leventhal,



January 31, 2006

1 Okay, thank you very much. We will go to general business. Any agenda or calendar
2 changes, Ms. Lauer?

3
4 Linda Lauer,

5 On the consent calendar this morning, one item has been deferred, and that is the
6 supplemental appropriation request from Montgomery College for King Street Art
7 Center. There is an addition to the District Council session to introduce Zoning Text
8 Amendment 06-05, CT Zone Site Plan Review sponsored by Councilmember Praisner,
9 with the public hearing set for March 7th at 1:30. And we need to notify -- we're notifying
10 the public that the special appropriation -- the hearing on the special appropriation for
11 Seven Locks Elementary School replacement that was planned for February 14th has
12 been continued to the March 7th evening so that we can accommodate all of the
13 speakers that want to speak. That's it, thank you.

14
15 Council President Leventhal,
16 Thank you. Any petitions?

17
18 Councilmember Praisner,
19 Yeah, there are two.

20
21 Council President Leventhal,
22 I see we have two petitions.

23
24 Linda Lauer,

25 Yes, we do. One is -- the first one was from residents of the County protesting the
26 reassignment of Wooten High School students to another high school district. And
27 another was a petition supporting the renovation of the Gaithersburg Library. Thank
28 you.

29
30 Council President Leventhal,
31 Thank you very much. And approval of minutes?

32
33 Council Clerk,
34 We have the minutes of January 17th for approval.

35
36 Councilmember Praisner,
37 I'll move.

38
39 Councilmember Knapp,
40 Second.

41
42 Council President Leventhal,
43 A motion is made by Ms. Praisner and seconded by Mr. Knapp. Those in favor of
44 approving the minutes will signify by raising their hands. It is unanimous among those
45 present. Thank you very much. Moving to the consent calendar, let me thank Mr.



January 31, 2006

1 Silverman, who is an excellent proofreader, and who noticed that on consent calendar
2 item "A", a resolution establishing an incubator program for nonprofit organizations and
3 emerging groups, Circle 2, "the Council will accept proposals from mentor organizations
4 for an incubator program until noon on March 1st, 2006. We should make that
5 correction, It is inaccurately stated.

6
7 Councilmember Silverman,
8 I would...

9
10 Councilmember Praisner,
11 I would like to be a co-sponsor.

12
13 Councilmember Silverman,
14 I would like to be a co-sponsor.

15
16 Council President Leventhal,
17 And Ms. Praisner, the Vice President, and Mr. Silverman will be added as co-sponsors.

18
19 Councilmember Praisner,
20 And Mr. Perez.

21
22 Council President Leventhal,
23 And Mr. Perez will be added as a co-sponsor. Okay, very good. Other comments on the
24 consent calendar? Ms. Praisner. I just wanted to move approval. Second. Ms. Praisner
25 has moved and Mr. Knapp has seconded approval of the Consent Calendar. Mr. Perez?

26
27 Councilmember Perez,
28 Thank you, a couple items here. We have the -- Agenda Item "G" is the supplemental
29 appropriation regarding the Crossroads Youth Community Opportunity Center that we'll
30 be opening, hopeful, in the next month. We've been working closely with our friends at
31 the Department of Health and Human Services and they are moving forward. I am very
32 excited about this collaboration with Prince George's County. This will be located on
33 New Hampshire Avenue, right on the Montgomery/Prince George's border, and I think it
34 will be one of the very important aspects of our overall Gang Initiative. Agenda Item "P"
35 -- a number of wonderful people have been confirmed to the Human Rights Commission
36 -- I wanted to commend all of the nominees. Let's see, my good friend, Russ Campbell
37 and Gail Street, among others, who will be serving that critically important commission.
38 And then, finally, Agenda Item "Q" is the confirmation of the Executive's appointments to
39 the Long Branch Advisory Committee which is the next iteration of the task force that
40 was put together and did great work. This group is going to take the recommendations
41 of the task force and others and put them into action. And so I wanted to thank all of the
42 residents of the Long Branch community who applied, and the fact that there were so
43 many people who wanted to be on this Committee is a tribute to the wonderful
44 community spirit that indeed exists there. I wanted to thank all of the people who were



January 31, 2006

1 selected. A lot of work ahead, but a lot of work that's already been done. So thank you
2 to all of the people of Long Branch.

3
4 Council President Leventhal,
5 Mr. Silverman?

6
7 Councilmember Silverman,
8 Thank you, Mr. President. Mr. Subin is not here at this point, but I just wanted to note, if
9 I'm reading correctly the packet, the ED Committee is recommending disapproval of
10 item "F." Is that correct?

11
12 Councilmember Praisner,
13 We're not discussing that today.

14
15 Council President Leventhal,
16 "F" has been taken off of the agenda today.

17
18 Councilmember Silverman,
19 Oh, it did? I'm sorry. I apologize.

20
21 Council President Leventhal,
22 At the request of Montgomery College we're not dealing with that today.

23
24 Councilmember Silverman,
25 Okay, sorry, missed that.

26
27 Council President Leventhal,
28 Mr. Andrews?

29
30 Councilmember Andrews,
31 Thank you. Montgomery County has a long tradition of working to improve and provide
32 the necessary services for victims of crime. And one of the important components of
33 that is having people who volunteer and serve on our Victims Service Advisory Board.
34 And there are several new appointees that we are confirming today and I want to thank
35 Iheoma Iruka, Vicki Reese, Lucy Shafner, Lester Stano, Julius Wilberg, Jeredine
36 Williams, and Tameca Jackson for their willingness to serve on this important board to
37 help us further improve our services to victims of crime.

38
39 Council President Leventhal,
40 Mr. Knapp?

41
42 Councilmember Knapp,
43 Thank you, Mr. President, I just wanted to take a moment to thank my colleagues on the
44 Council and thank Fire and Rescue Service, and many people in the County
45 government who have worked to make sure that we get the fire station open in



January 31, 2006

1 Clarksburg. The appropriation we have in here today is for the interim fire station, which
2 is different from the temporary interim fire station which we've had for the last three and
3 a half months. But a lot of folks have done a lot of work to get this open for the
4 community and I appreciate their efforts and I appreciate the Council's willingness to
5 move ahead with this.

6
7 Council President Leventhal,
8 Okay, those in favor of the consent calendar will signify by raising their hands. It is
9 unanimous among those present. Moving now to legislative session, do we have the
10 Legislative Journals for approval?

11
12 Council Clerk,
13 We have the journals of December 6th and 13th for approval.

14
15 Councilmember Andrews,
16 Move approval.

17
18 Council President Leventhal,
19 Mr. Andrews has moved and Mr. Perez has seconded approval of the Legislative
20 Journal. Those of in favor will signify by raising their hands. It is unanimous among
21 those at present. Introduction of bills...It appears there are no bills for introduction. Call
22 of bills for final reading. We have Bill 36-05; Transportation Management Districts Fees.
23 Chairwoman Floreen.

24
25 Councilmember Floreen,
26 Thank you, Mr. President. Bill 36-05, Transportation Management District Fees is
27 recommended by the Committee for approval with some amendments. This basically
28 moves the authority for setting transportation management fees from the County
29 Executive to the Council. We seem to be on a roll in that category. Our
30 recommendations for some adjustments here is to make it absolutely clear that any
31 revenue to be generated by a Transportation Management Fund must be used in the
32 district in which the property subject to the fee is located. We did not support the
33 suggestion that an Advisory Committee control how the dollars would be used, but we
34 certainly would expect and check the language to ensure that Advisory Committee
35 comments on the use of these fees would be very carefully looked at in any final
36 decision. The Committee recommendation is also to repeal the current cap. That is
37 simply to permit flexibility in decision-making on this score. It does not set the standard
38 one way or the other as to where those fees might be set. And then there are some
39 administrative adjustments here. Primarily the most important one, probably, is the
40 clarification that any fee associated with a Traffic Management District that's assessed
41 should be proportionate to the transportation impact of a particular project. There were a
42 variety of concerns raised by commentators, that really had to do with the
43 implementation details of a resolution to set the fees, and they are peripheral, frankly,
44 because this is not a proposal to set the actual fees. It's simply giving the Council that
45 authority to examine the situation, weigh the options, listen to the recommendations,



January 31, 2006

1 and to establish the fees. So some of the concerns raised Friendship Heights as to who
2 the fee might be assessed against and the like are not before us, and would be
3 addressed, frankly, in the actual resolution setting -- either establishing the
4 Transportation Management District or in the resolution establishing a fee. Is there
5 anything I have left out here, Glenn? So with those recommendations, the Committee
6 recommends approval.

7
8 Council President Leventhal,
9 Think you Madam Chair. Those in favor -- oh, it's a roll call vote. I'm sorry, are there --
10 no there's no other comments. Go ahead. Clerk will call the roll.

11
12 Council Clerk,
13 Mr. Dennis?

14
15 Councilmember Denis,
16 Yes.

17
18 Council Clerk,
19 Ms. Floreen?

20
21 Councilmember Floreen,
22 Yes.

23
24 Council Clerk,
25 Mr. Subin?

26
27 Councilmember Subin,
28 Yes.

29
30 Council Clerk,
31 Mr. Knapp?

32
33 Councilmember Knapp,
34 Yes.

35
36 Council Clerk,
37 Mr. Andrews?

38
39 Councilmember Andrews,
40 Yes.

41
42 Council Clerk,
43 Mr. Perez?

44
45 Councilmember Perez,



January 31, 2006

1 Yes.

2
3 Council Clerk,
4 Ms. Praisner?

5
6 Councilmember Praisner,
7 Yes.

8
9 Council Clerk,
10 Mr. Leventhal?

11
12 Council President Leventhal,
13 Yes. The bill is passed, 7-nothing -- 8-nothing. Okay, thank you very much. Next is Bill
14 41-05 Health Services Advisory Board for the Montgomery Cares Program. The Health
15 and Human Services Committee recommends approval, we adopted some
16 amendments in our work session on January 23rd. Most significant among these was
17 that the Committee recommended the expansion of the membership of the Advisory
18 Board for the Montgomery Cares Program. As colleagues know, Montgomery Cares is
19 an effort under the Health and Human Services Department to provide access to health
20 care for uninsured residents of Montgomery County. It is a complex system, involving a
21 variety of nonprofit clinics, hospitals, and the County government. It was suggested that,
22 rather than having major policy recommendations made by the nonprofit vendor who
23 has been implementing the program, that instead County government ought to establish
24 a policy-making body for this program. So this Bill was introduced by the Committee and
25 approved by the Committee. The total membership as recommended by the Committee
26 and now before the Council is a 15-member Board to include 11 members -- let me see,
27 the total... Why don't you, Joan, give us the list as recommended by the Committee? Or
28 Kathleen, the total membership and where they come from. What's the composition of
29 the Board recommended?

30
31 Kathleen Boucher,
32 Sure, the -- I'm sorry, sure. The total recommended membership as you mentioned is
33 now 15 instead of 11. That is consistent with recommendations that came out of the
34 CERB evaluation last year saying -- or recommending not to exceed 15 members on a
35 board. You can see that the membership that the Committee is recommending it by
36 looking at Circle two through -- two and three. But you've got two ex-officio
37 representatives, one is the County Health Officer, one is the Chief of the Department's
38 Behavioral, Health, and Crisis Services. And then you've got 13 other members, all of
39 which are listed on circle three. Two representative community health providers, one
40 representative of the hospitals that participate in the program, the Chair of the Board of
41 Directors of the entity that contracts with the Department, three members of the public
42 who may be current or former recipients of services under the program, four individuals
43 who have knowledge and experience with issues relating to health care for uninsured
44 individuals such as primary care, specialty care, dental care, behavior health care, or
45 fiscal matters relating to any of these types of care. And then the last two members are



January 31, 2006

1 a representative of the Commission on Health and a representative of the County
2 Medical Society.

3
4 Council President Leventhal,
5 Okay. Questions? Mr. Knapp.

6
7 Councilmember Knapp,
8 Thank you, Mr. Chairman. I think this is a good step forward, and I think that the
9 Montgomery Cares Program is a great program that we had helped fund last year and I
10 appreciate your leadership in it. The one question I would have -- and I don't know if it's
11 best to address through this or it's back through the Committee itself -- is given the fact
12 that we do have a growing population of uninsured residents and given the goals of this
13 program, where -- is it the role of this body to establish performance measures or
14 outcomes for the delivery of services or is it through the Committee, or is it through the
15 Department? How do we actually determined that this program is meeting the most
16 people in the most efficient way possible?

17
18 Council President Leventhal,
19 Well, that's not specified in law, although I certainly appreciate the question and the
20 HHS Committee will work with this policymaking Board to identify benchmarks and
21 performance measurements, so...

22
23 Councilmember Knapp,
24 So it's not the directive -- so it's not the directive of -- to this policymaking body that
25 we've just appointed to do that?

26
27 Council President Leventhal,
28 As Chairman I would look to this policy-making body to work with the Department to
29 propose goals and performance outcomes, but that's not specified in the law.

30
31 Kathleen Boucher,
32 I would add that under the duties for the Board, it does specifically say that one of the
33 duties is to evaluate the program including quality of care assessment.

34
35 Councilmember Knapp,
36 Thereby assuming that the Board will come up with some measure of criteria -- some
37 outcomes to measure that -- to evaluate by?

38
39 Kathleen Boucher,
40 Well, it certainly is in the scope of their duties.

41
42 Councilmember Knapp,
43 Okay. All right, let me think.

44
45 Council President Leventhal,



January 31, 2006

1 Ms. Praisner.

2
3 Councilmember Praisner,
4 I think that's a good point. I read "strategic planning and evaluation of the program." You
5 can't evaluate it if you don't know what your outcomes and how you are working
6 through. So, I just assumed that that was a piece of that in both strategic planning and
7 evaluation. I just wanted to say that I think this structure and what we are doing in this
8 area is really a model for the country in ways in which local government can approach
9 this issue using the community-based approach, which has, I think, more flexibility
10 associated with it and more capacity in the long run. And having the group, at least
11 initially, as I read that termination piece, in that the legislation sunsets, and before that,
12 we get a recommendation as to how it would look or if you need to structure in the
13 future, that allows us an opportunity also to evaluate the effectiveness of this model. So
14 I strongly support the legislation.

15
16 Council President Leventhal,
17 Thank you very much. Okay, and I also want to thank the Department for its
18 recommendations in this area. We are moving ahead, we look forward to getting what
19 we hope will be a sizable recommendation from the County Executive in the FY '07
20 budget to continue the progress on Montgomery Cares. I'm glad we are establishing this
21 governing structure. I want to thank all the hospitals and the clinics you are providing
22 such excellent quality of care at great cost to themselves. We appreciate the sacrifices
23 that all of the hospitals and clinics are making to be humane and responsive to this
24 great and growing need. So we'll call the roll.

25
26 Council Clerk,
27 Mr. Dennis?

28
29 Councilmember Denis,
30 Yes.

31
32 Council Clerk,
33 Ms. Floreen?

34
35 Councilmember Floreen,
36 Yes.

37
38 Council Clerk,
39 Mr. Subin?

40
41 Councilmember Subin,
42 Yes.

43
44 Council Clerk,
45 Mr. Silverman?



January 31, 2006

1
2 Councilmember Floreen,
3 Yes.

4
5 Council Clerk,
6 Mr. Knapp?

7
8 Councilmember Knapp,
9 Yes.

10
11 Council Clerk,
12 Mr. Andrews?

13
14 Councilmember Andrews,
15 Yes.

16
17 Council Clerk,
18 Mr. Perez?

19
20 Councilmember Perez,
21 Yes.

22
23 Council Clerk,
24 Ms. Praisner?

25
26 Councilmember Praisner,
27 Yes.

28
29 Council Clerk,
30 Mr. Leventhal?

31
32 Council President Leventhal,
33 Yes. The Bill passes unanimously. Mr. Silverman?

34
35 Councilmember Silverman,
36 Thank you, Mr. President. I apologize for being out of the room at the time of the vote
37 on Bill 36-05, Transportation Management District Fees, and request permission to be
38 recorded in the affirmative.

39
40 Council President Leventhal,
41 Without objection Mr. Silverman will be so recorded.

42
43 Unknown Speaker,
44 [INAUDIBLE]



January 31, 2006

1 Councilmember Silverman,
2 Too late.

3
4 Council President Leventhal,
5 District Council session. We have a proposal to remand to the Hearing Examiner Local
6 Map Amendment application number G-819. Mr. Faden?

7
8 Mike Faden,
9 Mr. President, in the packet you have documents which along with the actual resolution
10 which shows the history here. As you recall this was a Local Map Amendment denied
11 by the Council. The applicant appealed to Circuit Court, citizens intervened. Ultimately,
12 a settlement agreement was reached, which this Council was aware of to remand the
13 appeal back to the Council. The applicant would like to submit a revised plan. So the
14 proper step to take in that case would, in our view, is to remand back to the Hearing
15 Examiner for any further proceedings that are appropriate.

16
17 Councilmember Floreen,
18 So moved.

19
20 Multiple Speakers,
21 [INAUDIBLE]

22
23 Councilmember Praisner,
24 Moved and seconded.

25
26 Council President Leventhal,
27 Okay, I'm sorry, the remand is moved and seconded and there is no discussion of the
28 matter. So those in favor of the remand will signify by raising their hands. That would be
29 unanimous. And, I'm sorry, that motion was made by Ms. Floreen and seconded by Ms.
30 Praisner. Okay, next item is... I think it was Mr. Subin, Mr. Leventhal, who seconded.

31
32 Councilmember Subin,
33 No, I'll cede.

34
35 Council President Leventhal,
36 Let the record reflect that the motion was seconded by Mr. Subin and Ms. Praisner.
37 Okay, we have now introduction of Zoning Text Amendment 06-05, C-2 Zone.

38
39 Unknown Speaker,
40 We're passing on that.

41
42 Council President Leventhal,
43 Ms. Praisner wants to speak to that.

44
45 Councilmember Praisner,



January 31, 2006

1 I just want to make a comment about it and move approval of the resolution to introduce
2 this. As we move in commercial zones for a mixed use, one of my concerns is in the
3 larger sized projects, that we give the Planning Board site plan review over that. There
4 is not that requirement at this point. That's the rationale for doing so. So I would move
5 approval of the resolution.

6
7 Multiple Speakers,
8 Second.

9
10 Council President Leventhal

11 The resolution is moved and seconded those in favor will signify... Mr. Subin seconded
12 the resolution. -- the resolution for the public hearing on March 7th was sponsored by
13 Ms. Praisner and seconded by Mr. Subin. This is -- we're doing this for a purpose,
14 because we've been asked to indicate who made and seconded each motion so that the
15 record can be clear with the new Pictron technology. So those in favor of having a
16 public hearing on this new ZTA will signify by raising their hands. That is unanimous.

17
18 Unknown Speaker,
19 [INAUDIBLE]

20
21 Councilmember Praisner,
22 No. No. No, it's for the written record.

23
24 Council President Leventhal,
25 All right, we are now convening as the Board of Health and Dr. Tillman -- I'm sorry, we
26 had a guest, didn't we from DHMH, is she not here yet?

27
28 Unknown Speaker,
29 I don't see her. We're waiting on Dr. Jean Taylor.

30
31 Council President Leventhal,
32 Okay, we need to wait for her so let's proceed now to Facility Planning Review on
33 Norfolk Avenue in Bethesda. And when we dispose of that we'll take up the avian flu .

34
35 Multiple Speakers,
36 [LAUGHTER]

37
38 Council President Leventhal,
39 Wash your hands.

40
41 Councilmember Floreen,
42 There might be -- Okay, there might be people coming for that one.

43
44 Council President Leventhal,
45 There might be people coming for Norfolk Avenue?



January 31, 2006

1
2 Councilmember Silverman,
3 Yeah. Yeah, come on. This is why we got elected, George.

4
5 Councilmember Subin,
6 ...Daphne's here...

7
8 Council President Leventhal,
9 All I can tell you is under the Leventhal administration, we're eight minutes ahead of
10 time. So we will recess until 10:15.

11
12 Multiple Speakers,
13 [LAUGHTER]

14
15 Councilmember Praisner,
16 Good show, George!

17
18 [MEETING IN RECESS]

19
20 [MUSIC]

21
22 Council President Leventhal,
23 Okay, we are reconvening. And before we go to -- before we convene as the Board of
24 Health Councilman Andrews has a special guest who was going to join us first thing this
25 morning but is here now, and we're glad he's here.

26
27 Councilmember Andrews,
28 Yes, thank you. Mr. President, I appreciate your assistance. I want to recognize Tom
29 Schwartz who is the brother of Paul Schwartz, who passed away on Friday, who made
30 the film "F.D." which is a film about what it's like to be a firefighter. It was a film based
31 on the experiences of the Santa Rosa Fire Department. Tom Schwartz is a former
32 firefighter with Fairfax County, I believe, and also Prince George's.

33
34 Robert Schwartz,
35 Montgomery.

36
37 Councilmember Andrews,
38 Montgomery, great. Well, thank you and thank you for being here. I wanted to give you
39 a chance to show this helmet that -- and tell us about what this symbolizes.

40
41 Robert Schwartz,
42 This was Paul's helmet after he started the video project with the Santa Rosa Fire
43 Department. They pretty much adopted him as a member of the Department. They gave
44 him a pager and he would go on calls and videotape the activities and things. They took
45 it back from him, they knew he was ill, the Fire Chief thought that -- it is a tradition, you



January 31, 2006

1 know, somebody retiring or going out to get their helmet signed. Well, instead of getting
2 it signed by one, every single member of the department signed it inside and out. And
3 then on the backside one of the members who is also an artist drew the cover of the
4 videotape for him, made a special presentation to City Council, with the Fire Chief and
5 honor guard at a local movie theater, showed it for the community, raised money for the
6 burn center, and then Paul, unbeknownst at what happened to his helmet was
7 presented the helmet by the Chief, who made the comment -- and I echo it because I
8 know the same people that the Chief does, I've been in the Fire Department for 37
9 years -- that Jim Page, who was the Fire Chief In Los Angeles, having viewed the
10 videotape, said it was the most accurate depiction of the fire service he had ever seen.
11 And that gentleman, Jim Page, was the technical editor and director with Jack Webb on
12 the show "Emergency" in the 1970 so he knows what he speaks of. That was all just an
13 outstanding tribute to Paul. And I thank you for this extra special recognition of Paul.

14
15 Councilmember Andrews,

16 Thank you for your service as a firefighter to our county, and thank you for sharing
17 Paul's helmet with us. That's quite something.

18
19 Robert Schwartz,

20 The one thing I would leave is that I hope the video is used at the Public Safety
21 Academy and for public education in the community, 'cause it's a real tribute to the
22 brothers and sisters in the Fire Service.

23
24 Councilmember Andrews,

25 We're going to get it around.

26
27 Robert Schwartz,

28 Thank you, sir.

29
30 Councilmember Praisner,

31 Phil, now we have commented on the video, I think we should check with the [PEG]
32 channels and see if we can show it on the County Channel.

33
34 Councilmember Andrews,

35 That's a great suggestion, we'll do that.

36
37 Robert Schwartz,

38 That would be excellent.

39
40 Council President Leventhal,

41 Great. All right, thank you very much, Mr. Andrews. We are now in session as the Board
42 of Health. And we have Dr. Jean Taylor, who will please come forward to make her
43 presentation. Dr. Taylor made a presentation on pandemic influenza and avian
44 influenza at the Maryland Association of Counties meeting on the eastern shore a few
45 weeks ago. I found that extremely helpful and useful. And through staff, we requested



January 31, 2006

1 that Dr. Taylor make the same presentation to us. We are taking up this issue in a very
2 timely way since on the front page of the Health Section of the Washington Post this
3 morning is an article with the sub-heading "Avian Flu Isn't About To Get You, Panic
4 May." Dr. Taylor, I don't know if you've had an opportunity to read this article in the
5 Washington Post this morning, but it also provides some useful perspective. I know that
6 many of us are hearing from our constituents about the issue and we appreciate that
7 you could come down from Baltimore to make this presentation to us. And, Dr. Tillman,
8 we know you also will have some comments at the conclusion of Dr. Taylor's
9 presentation. So, Dr. Taylor, please proceed.

10
11 Dr. Jean Taylor,
12 Great, thank you so much, I'm so pleased to be here. Thank you for inviting me here
13 today. Do I need to speak up?

14
15 Multiple Speakers,
16 [INAUDIBLE]

17
18 Dr. Jean Taylor,
19 So, I've been involved in pandemic influenza planning at State of Maryland since 1999
20 and I have to tell you that in the last six months...

21
22 Council President Leventhal,
23 We have another microphone for you to use. Great, thank you.

24
25 Dr. Jean Taylor,
26 Testing -- is that on? Okay.

27
28 Council President Leventhal,
29 Is that okay?

30
31 Unknown Speaker,
32 That works.

33
34 Dr. Jean Taylor,
35 Okay, I'll try to speak up. Is that better? Okay, great. First slide, please. As I was
36 mentioning, I've been involved in pandemic flu planning since 1999. And I have to say
37 that in the last six months, there been more media attention, more scientific
38 conferences, symposiums, congressional hearings, and radio talk shows than in their
39 previous six years. This, as you see, is the cover of some of the popular magazines in
40 the newsstand. What is going on? Should we be concerned? Are Americans at risk? I
41 would like to take the next 20 minutes or so to address these questions. Next slide
42 please. I'm going to begin by giving a little bit of background regarding avian flu and
43 pandemic flu. Then I'm going to talk about the current pandemic threat and why we
44 need to be making pandemic influenza planning a priority in the midst of competing
45 demands. Lastly, I am going to share a little bit about the national and state planning



January 31, 2006

1 efforts. Next slide, please. Okay, a little bit of background. Influenza, as most of you
2 know, is a highly infectious febrile -- that means fever -- respiratory illness. It's caused
3 by a virus. Some of you have been struck by this virus during the winter months. This
4 includes fever, cough, sore throat, muscle aches, body aches, and headaches. It can
5 cause outbreaks in humans and other animals. Rarely, it causes a worldwide outbreak,
6 and that is referred to as a "pandemic." Next slide please. So what's the difference
7 between seasonal flu that happens every year and pandemic flu? Well, a couple of
8 things. Seasonal flu, again, occurs every year, it's usually in the winter, as most of us
9 know. It's the type of flu that we are accustomed to. So, we have some level of
10 immunity, some level of protection, healthy adults are usually not at risk for serious
11 complications. We say that the very young and very old are at risk for complications
12 from seasonal flu. Pandemic flu, on the other hand, occurs rarely. In fact, there have
13 only been three in the 20th Century. I'm going to show you in the next slide one of
14 these. It's worldwide, new virus, so none of us have immunity to it because it is a brand
15 new virus. That means that healthy people may be at increased risk for serious
16 complications. Next slide please. In fact, this is a very sobering statistic. As I mentioned,
17 there were three pandemics in the 20th Century. 1918, 1957, and 1968. This is the most
18 notorious of those three, 1918. And this slide shows the devastating effects of this
19 pandemic, where America's deaths from 1918 pandemic flu were greater than the
20 number of U.S. servicemen killed in any war. Next slide please, so here are the
21 technical criteria for a pandemic. Pandemic needs to meet all four criteria: a new virus;
22 a susceptible population, that means we don't have immunity to it; third, the ability to
23 cause disease; and lastly, the ability of the virus to spread geographically, that means
24 efficient and sustained person-to-person transmission. Okay, the H5N1 that we've been
25 hearing in the news, or the avian flu or bird flu, that has met the first three criteria. The
26 only thing that is missing right now is the ability to spread easily. We will see this in a
27 few more minutes. Next slide please, okay, so we've already alluded to this. There's
28 another definition in the news, there is avian flu and then there's pandemic flu. Influenza
29 virus, several dozen subtypes of Influenza "A" virus. Only three are typically -- typically
30 affect humans. All of the rest typically affect birds. These viruses are "species specific."
31 So, when we talk about a bird flu, or avian flu, we talk about a disease that primarily
32 affects birds, it usually does not cross species lines and affect humans. And a pandemic
33 refers to a worldwide outbreak in people, it could be in animals as well, but an avian flu
34 could lead to a pandemic if the bird flu virus jumps species and infects people and
35 becomes easily transmissible. Okay, so that's the connection. Next slide please. Okay,
36 so that's a little bit of background. Now let's talk about what is the current threat. What is
37 going on with bird flu and should we be concerned about it? Next slide. So, Dr. Julie
38 Gerberding, who's the Director of the Centers of Disease Control said about avian
39 influenza that it is a very ominous situation for the globe. It is the most important threat
40 we are now facing. Next slide. When we talk about bird flu, it's important to distinguish
41 between two populations, birds and people. The first slide is going to be talking about
42 birds. The next slide will talk about people. Since December of 2003 and ongoing 'til
43 today, unprecedented rapid spread of this virus, H5N1, which is a bird flu virus across
44 East Asia and into Europe and Russia, both affecting domestic fowl and wild birds, it is



January 31, 2006

1 the most severe outbreak ever recognized. Over 160 million birds have died from the
2 disease or have been depopulated as a control measure . Next slide please.

3
4 Unknown Speaker,
5 That means killed.

6
7 Dr. Jean Taylor,
8 Yes, absolutely.

9
10 [LAUGHTER]

11
12 Head off. Human cases quickly followed on the heels. Again, since December, 2003,
13 there have been 148 cases, and actually, that's of January 14th, and now, as of today,
14 there's over 152 cases. It continues to rise. You will notice the death rate: 50% of those
15 people who are sick end up dying; that is in people. Cases have occurred in Indonesia,
16 Vietnam, Thailand, China, Cambodia, and Turkey. And last night I heard of a case, the
17 first case in Iraq, of H5N1, so this virus is moving. This picture here is from -- is actually
18 a picture of a Vietnam man -- Vietnamese man hospitalized, 21-year-old in critical
19 condition. Next to him is his 14-year-old sister. One of the things that's very disturbing
20 about this H5N1 is that the most serious illnesses and deaths have occurred in
21 previously healthy young adults and children. We're not talking about the elderly, we're
22 talking about a 21 --14-year-olds depicted here. Most cases have been attributed to
23 exposure to sick poultry, but there have been some -- some -- limited person-to-person
24 spread. In fact, there is a case in Thailand that's been fairly well established of a child
25 becoming infected and then transmitting to her mother and her aunt. So, there is some
26 person-to-person transmission that is already happening.

27
28 Council President Leventhal,
29 Dr. Taylor, I want to stop you on that point, because this is the -- and I know you're
30 about to get to this on the next slide as well, but when we spoke at [MACO] you
31 described -- as best we understand it -- the bird to human methods. And you talked
32 about people in Asia who keep a lot of birds in their yards and in their homes and
33 therefore breathe bird droppings into their lungs, that's one possible transmission. And
34 you talked about those who drink raw bird blood as a delicacy. So, we want to advise
35 people not to drink raw bird blood, that's probably not advisable here. That's right. That's
36 right.

37
38 Councilmember Perez,
39 [INAUDIBLE]
40 [LAUGHTER]

41
42 Council President Leventhal,
43 And in the case of the child that you mentioned, as far as we understand, there was
44 clearly exposure to live sick birds, probably through some of the means we've talked
45 about, in particular bird droppings somehow breathed in and gotten in the lungs, and



January 31, 2006

1 then the person-to-person exposure was very close intimate contact, a little child being
2 embraced by its mother, likely exchange of tears, mucus, blood, other bodily fluids that -
3 - a very close contact, not casual contact.

4
5 Dr. Jean Taylor,

6 That's right, close contact between a child and the mother and the child and the aunt,
7 who subsequently visited the child in the hospital, after the mother and the child arrived
8 in the hospital. The aunt was from a totally different district, different household. So, you
9 are absolutely right in saying -- to emphasize that, and what's fortunate is that this virus
10 has not quite adapted to humans. The adaptation in humans is weak, presently it's
11 weak. The cases have all primarily had exposure -- direct exposure to sick poultry, or to
12 contaminated surfaces, surfaces contaminated with poultry excretion or poultry
13 excretions and secretions. Types of exposure include plucking feathers, things like
14 playing with ducks, children in particular -- young children playing with ducks and having
15 that kind of direct contact. There were two persons from Vietnam who subsequently
16 became sick after the drank uncooked duck blood. Heat does inactivate this virus and
17 so that thorough cooking, not just for influenza, but for any other infectious disease,
18 thoroughly cooking poultry -- all poultry and poultry products, including eggs and blood,
19 would render it safe. Thank you.

20
21 Council President Leventhal,
22 Thank you.

23
24 Dr. Jean Taylor,

25 Next slide please? So the good news regarding -- there's good news and bad news
26 regarding the the pandemic threat of H5N1. And the good news is that there's no
27 evidence that this virus can easily spread from person-to-person. The bad news,
28 though, is that this virus is circulating widely among poultry in Asia and cannot be
29 eradicated anytime soon. So it's deeply embedded in the -- and in Asia, we're not
30 talking about just commercial farms. We are talking about backyard flocks. In fact, there
31 was a survey in Thailand recently in an area affected by avian influenza which found
32 that 74% of households own live flock, live poultry. The owned live poultry, 74% of
33 households owned live poultry. So there is very close contact. There is also live bird
34 markets, we have that issue as well. And migratory birds, wild birds is another issue that
35 we have to consider. So, it's deeply embedded in Asia. We are not going to be able to
36 get rid of it in the poultry anytime soon. In addition, the cases in humans that have
37 occurred have resulted in severe illness. And so that is very disconcerting. A 50% case
38 fatality rate, death rate, is very disturbing. we don't really see that and other infectious
39 diseases that we work with. And lastly, this virus continues to evolve and has the
40 potential to result in a pandemic. What that means is -- let me tell you something else
41 about the influenza virus. It's very unique in that this virus constantly mutates, it's
42 constantly evolving. And that's why you might think "Well, why do I need to get a
43 influenza vaccine, a new one every year, 'cause last year I got mine -- you know, I got a
44 shot last year, why do I need to go get another vaccine this year? It's because of this
45 feature, the virus mutates all the time, so that what you got last year is not going to



January 31, 2006

1 protect you this year because the virus has already changed that much. And so
2 because it has this ability to mutate the concern is that it could, over time, adapt and
3 gain the feature of becoming easily transmissible from person-to-person. And then
4 we've got all four criteria, all of the ingredients for a pandemic. Next slide? Right now
5 the WHO has classified us as in phase three of six phases of a pandemic. So, phase
6 three, we're in a situation where have a new virus causing human cases with limited
7 person-to-person spread. Next slide please? We might ask the question -- and it's a
8 very good one -- why should we make pandemic influenza planning a priority at all,
9 given we have competing demands, given that we don't know when another pandemic
10 will happen and we don't know how severe? One of the reasons is that in the public
11 health community, public health experts believe that another pandemic is inevitable. It
12 will happen. Next slide please? History attests to this. The last four pandemics have
13 occurred between 10 and 40 years apart from each other. The last pandemic that we
14 have had was in 1968, 38 years ago, okay? We will have another pandemic, we just
15 don't know exactly when. Will it be next year? Who knows? It could be two years, three
16 years, four years, five years, we don't know, and we don't know how severe. Next slide?
17 But we do know it's coming. Another reason is that when it comes, it will probably come
18 relatively suddenly. Next slide. In 1918 it took the virus months, four months to be exact,
19 to the circle the globe. Today, with jet airplane travel and cars and the speed of travel
20 and being a global village, it could be a matter of days where the virus could circle the
21 globe. Next slide. Potentially severe. When it occurs, it could be potentially severe. Next
22 slide. This shows the impact -- the potential impact from a mid-level pandemic. Severity
23 less than 1918, but more than the other two that were less severe. And what we see
24 here are estimates. For Maryland, we're talking about over a million people becoming
25 sick, 44,000 hospitalizations, and almost 10,000 people dead in Maryland. Another
26 reason we need to plan for this is because a pandemic, when it occurs, is going to be
27 widespread, with many geographic areas affected simultaneously. This is the difference
28 between a pandemic and something like Hurricane Katrina. Because in Hurricane
29 Katrina, it was regionalized, it was local. And so other counties, other places in the
30 country and in the world could be called in for help. But in a pandemic we are going to
31 have -- everyone is going to be affected. Therefore it is going to prevent us from shifting
32 resources. We are not going to be able to count on other states, other countries, being
33 able to help us. So we need to be prepared locally on our own. Next slide please? The
34 affect on individual communities will be relatively prolonged. Six to eight weeks in any
35 individual community. That's how long we need to plan for. In addition, in the last three
36 pandemics, there have been waves of activity. So six - eight weeks and then a second
37 wave of sometimes more severe illness, and then sometimes a third wave of activity. A
38 pandemic will post significant threats to the workforce responsible for critical community
39 services due to widespread absenteeism. Healthcare workers, emergency first
40 responders, people are going to be sick, County Councilmembers, unfortunately, you
41 may be sick as well. Up to a third of critical essential employees are going to be sick.
42 We need to make sure we can continue essential services in the midst of that. The
43 pandemic will also pose significant -- okay, we talked about the threats to the work
44 force. And then lastly, effective preventive and therapeutic measures, namely, vaccines
45 and antiviral agents will likely be in short supply, there is no vaccine for the pandemic.



January 31, 2006

1 And we are not going to have one for the pandemic until the pandemic arrives, because
2 you cannot produce a vaccine against a virus until the virus is identified. Will the H5N1
3 be a pandemic virus? We don't know. There are critical trials underway for a vaccine
4 against the H5N1 right now but it takes about four to six months before a vaccine can
5 be produced. And even -- once it's produced, it's going to be in short supply. We are
6 going to need to have a game plan for who's going to get vaccinated and who is going
7 to get antiviral agents, a ranked list, a priority list of who gets it first, second, and third.
8 Next slide, please. Okay, so lastly, I want to finish up with describing to you a little bit
9 about some of the national and state planning efforts that are occurring. Next slide? In
10 November 2005, the Health and Human Services, the National Pandemic Influenza
11 Plan was released and it supports the national strategy for pandemic influenza. It
12 outlines planning assumptions and a doctrine for the Health Sector Pandemic
13 Preparedness and Response. It provides 11 supplements of detailed guidance. This is a
14 -- almost a 400 page document and I know that Ulder and many of us in public health
15 are weeding through that as we speak. But this gives guidance to the nation as to how
16 we are going to proceed. Next slide? In Maryland, and as I mentioned, we started
17 formally planning for pandemic back in 1999. We have a written Pandemic Flu plan. It's
18 outdated though, because we have not incorporated the national plan. We are in the
19 process of revising our state plan right now and making it more operationalized. We've
20 conducted two tabletop exercises to exercise our plan. One that was a general tabletop
21 and the second one was targeted to schools because schools are an important
22 community. Our children are there, we need to figure out triggers for school closure if
23 schools are going to be closed. That affects the workforce. We had a table top
24 addressing schools. We provided in-service training for various public health and public
25 school systems. We have collaborated with local health departments, agriculture,
26 poultry companies on a poultry worker protection plan. Many of you know that a year
27 and a half ago in eastern shore, Maryland, there was an avian influenza outbreak in
28 poultry -- Not H5N1, okay? But a different type -- but it was still devastating to the
29 poultry on that farm. Out of that, we have a worker -- poultry worker protection plan that
30 we've developed. We've also worked with our Attorney General's office to assure that
31 existing statutes and regulations are sufficient for pandemic response. Do we have the
32 authority to isolate and quarantine people? Next slide, please? We've been involved in
33 ongoing hospital surge capacity planning. That is a big area. Our hospitals every
34 season, every influenza season undergo surge of capacity, so we need to be planning
35 for that. We had a pandemic influenza preparedness that was placed on the agenda at
36 the Governor's Cabinet retreat a few months ago. We've launched a new Maryland
37 specific website for influenza that contains both pandemic flu, seasonal flu, and avian
38 flu. There is the website. As I mentioned, we are currently updating and revising our
39 written plan. And then, not too long ago, Health and Human Services Secretary, Michael
40 Leavitt, requested that the Governors of every state hold a statewide pandemic
41 influenza summit. Ours is going to occur on February 24th at the Maritime Institute, so
42 we'll be holding that will -- Secretary Leavitt will be there, our Governor will be there,
43 speaking at that event. Next slide. So, I just want to emphasize one of the main points.
44 One of my colleagues has said that an influenza pandemic will require a pansocietal
45 response; that means everyone needs to be involved. Because it's really local, state,



January 31, 2006

1 and federal, domestic, international, public and private, there's animal and human
2 components, there's health, business, education, utilities, transportation, law, all sectors
3 of society will be affected by a pandemic, and therefore, all sectors need to be involved
4 and all levels of government. Next slide. Dr. Mike Osterholm, who is an infectious
5 disease expert and who was replaced recently on "Oprah." Oprah spent a whole show
6 talking about pandemic influenza so you know it's going to be on the radar of the folks
7 that watch "Oprah." But he is indeed a noted authority. He said that pandemic planning
8 must be on the agenda of every school board, manufacturing plant, investment firm,
9 mortuary, state legislature, and food distributor in the United States and beyond. Next
10 slide? What is needed is a detailed operational blueprint for how to get a population
11 through one to three years of a pandemic. Such a plan much must involve all key
12 components of society. Next slide. Here are some planning questions, there's a lot
13 more, but this is just to give you a flavor for some of the important questions we need to
14 be asking ourselves and addressing. How will Maryland government maintain essential
15 functions in the face of widespread absenteeism? How are we going to do what we
16 need to do when a third of our workers are out sick for up to six to eight weeks. How will
17 Maryland cope with disruptions to the supply chain of critical products and services?
18 What happens when we have a shortage of truck drivers and food can't be transported.
19 Or, you know, what happens when utilities, power and water is curtailed because of
20 absenteeism or illness? How will existing public/private disaster response systems
21 provide basic needs -- food, water, medicine -- to persons who are ill, homebound, or
22 cannot care for themselves during a pandemic? We saw this as an important lesson in
23 Hurricane Katrina. And lastly who will assist businesses in Maryland develop a
24 continuity of operations plan? That's what we're talking about, how do we -- continuity of
25 operations for our businesses, that's another important key question. Next slide. Okay,
26 so just to summarize, the threat of another influenza pandemic is real. We just don't
27 know when it is going to happen and we don't know how severe. Substantial progress
28 has been made, but more detailed operational planning is required. Lastly, pandemic flu
29 requires a pansocietal response. Preparing for the next pandemic is not just a Health
30 Department function, but requires the active involvement of every sector of society
31 including every level of government, state and local and federal. Okay? Thank you very
32 much, and would you like to...

33
34 Council President Leventhal,

35 Dr. Taylor, thank you very much. Let's go right ahead to Dr. Tillman's presentation and
36 then we'll have questions for both Dr. Taylor and Dr. Tillman at the conclusion of Dr.
37 Tillman's presentation. So clearly, Dr. Tillman, we are being urged to adopt a local plan
38 and we're eager to hear what our local plan is.

39
40 Dr. Ulder Tillman,

41 Okay, and we have been working on this. I do appreciate Dr. Taylor in giving the
42 background information on what the state and federal governments are doing. I will give
43 you some highlights in terms of what we're doing in our local response. And Scott Riley
44 is representing our emergency management group and our CAO because we are
45 partners in HHS with the Department of Homeland Security in this operation. First slide,



January 31, 2006

Jenny. This is just quickly and for your background information in terms of the roles and responsibilities of the different levels of government and in terms of the County Council. And as the Board of Health and as County Council, as well as myself, should just point out to you, and you probably are aware, I am a state employee and I do take a declaration of emergency and orders for isolation and quarantine from our Secretary of Health and Mental Hygiene, that should say, not human hygiene. Next slide. Also for background, with the release of the federal response plan, it has been essentially mandated that all levels of the government adopt the national Incident Management Command Structure, which allows us to have the flexibility in terms of managing resources and information for various events, various levels of government, and it helps us all to interact and to link together. That is the basic structure in terms of having an incident commander and then that person has various components that help to manage the information and supplies, particularly the information, and then the operations, the planning, the logistics, the financing, and administration. That occurs in every event. Next slide. In terms of our Emergency Management Group, our Chief Administrative Officer. Bruce Romer, is designated by the Governor to head up our Emergency Management Group. He's in the center there, and Gordon Aoyagi is generally our disaster manager for Homeland Security, I'm on the side there. I have responsibilities for the safety of our employees as well as for the public. Then you see the components again of the information and liaison with other groups. It is important to note that we do link with the federal, state, and local jurisdictions in terms of this plan. Down below are all of the different components that are related generally to our response plan as well as what we will need to the pandemic influenza. Notice that in the Emergency Management Group we have a fire, police, public health, transportation, also MCPS, our Red Cross, colleges, and our planning groups as well as our volunteers. Next slide. This is just for your background information. I don't expect you to read that now. Just to note that in the Emergency Management Group, it is responsible for the continuity of critical government functions, also for resource deployment and requirement of our government services, especially to special populations, and in home care medical support, mortuary services, mental health, coordination with our hospitals, making sure that our residents get a single clear message in terms of what to do during a disaster or an event, and also in terms of our coordination of resources, both regional, state, and at the federal level. Next slide. Public Health Command Posts link to our Emergency Management Group in terms of disasters, and I should say just basically hazardous events including the pandemic flu. We do have an Incident Command Post that follows, again, the NIMS, National Incident Management System structure. And this should note that myself and my deputy are actually at the Emergency Operations Center, but we link to our senior staff and the rest of our staff and a command post and they have many responsibilities in terms of a public health emergency. The next slide is actually a listing of it. If you go to the next slide, Jenny, this is a different picture of the different responsibilities we will have. It's important, I think you heard in the past through our Urban Areas Security Initiative, funding our relationships with the Johns Hopkins Applied Physics Lab to develop any electronic surveillance system for early notification of community-based epidemics, or ESSENCE, which is over there on the far right. That is how we do early disease detection, looking for the unusual. We couple that with our routine reporting, in



January 31, 2006

1 terms of actual diseases. That has been invaluable to us in past years in being able to
2 see when the flu system is prevalent in our area, because we are already getting
3 reports from our five civilian hospitals, our two military hospitals, our over-the-counter
4 pharmaceutical reports, our absentee reports from our schools, as well as some reports
5 from physician groups. That's a system that helps us look for early signs of something
6 that is unusual. We also have a Montgomery County outbreak Response Team That will
7 actually be investigating certain cases to pin down and identify what is the condition we
8 are dealing with. What is not appearing on that slide, because we don't have it at the
9 local level necessarily, but we do depend on the state laboratory in terms of giving us
10 those definitive definitions of what disease is circulating. You've heard probably before
11 about our dispensing plans in terms of utilizing various schools, facilities, and other sites
12 to get out mass dispensing if we have available vaccine or medications to the public,
13 and the Strategic National Stockpile, which is something that we link with the federal
14 government through the state in terms of having resources for our National Capital
15 Region. Also we have developed a volunteer Medical Reserve Corps that has probably
16 more than 400 volunteers, professional health volunteers; physicians, dentists, et
17 cetera, who can be of assistance to us. I think that's probably enough, let's go on to the
18 next slide. The immediate steps that we have in place at this point in time, I already
19 mentioned our ESSENCE system for early detection, our stockpile of medical supplies.
20 We have dealt with some of the ethical issues in terms of having medicines for our first
21 responders and their families so that they can respond to the public. We have been one
22 of the first through our advanced practice center and actually before that to have
23 biopacks so that our first responders have medications at home and at work so they can
24 medicate themselves as directed by me for particular incidents and then be able to
25 respond. And then their families get first priority so that they are not concerned about
26 their family situation and then can serve the County. We have a communication system
27 and I know that the Homeland Security Committee heard about this yesterday in terms
28 of the Alert Montgomery System. We also have a Montgomery County Employee
29 Notification System, so that it uses multiple modalities to alert our employees that there
30 is something happening and they need to report to their designated assignment. We
31 have been working on our local pandemic flu plan. It is now in more than its tenth
32 revision in terms of being in line with the federal plan and the state plan. It addresses
33 many different areas, including a particular area of isolation and quarantine and how we
34 are working with our judicial and law enforcement sections. We meet regularly with
35 Homeland Security and a Bioterrorism Task Force over pandemic flu planning and other
36 plans that we have in place. We have also been reaching out to both residents and our
37 business communities in terms of to encouraging them to be ready, and what they can
38 do to be ready. We have been doing a series of briefings and trainings and exercises.
39 We've briefed our department heads in terms of pandemic influenza and raised the
40 important questions, just as Dr. Taylor had pointed out, in terms of what do you do when
41 20% of your workforce is sick and unable to report to work, and identifying what are the
42 essential services that you need to keep running. Next slide please? What we have
43 planned for this year is to continue to work on defining our roles and responsibilities,
44 that if this is a major public health emergency, just to look at who is the incident
45 commander, how to relate to the rest of the EMG and how to relate to our important



January 31, 2006

1 partners. We are enhancing that outbreak tracking capacity. The issue about vaccines
2 and antivirals is important to us because we do realize that , just as Dr. Taylor said,
3 you've got to wait about four to six months before it that is available. We do need to
4 continue to work with our state and federal partners in terms of that distribution system,
5 the ethics in terms of identifying who receives these medications first. We do have a
6 concern that we know that the workforce has to continue to respond to the public so
7 they have to be taken care of so they can do their job. Again, elaborate discussions with
8 the judicial law enforcement around the policies about quarantine. We are basically
9 looking in terms of the pandemic flu is for people to do a home sheltering. We are not
10 envisioning at all any kind of large quarantine of those who have been exposed but not
11 ill. That is basically in terms of how are they going to manage for an extended period of
12 time staying at home, and then maybe a caregiver has to take care of someone who is
13 ill. Next slide please? These are some issues, as I said, that we have been addressing
14 and discussing, of course the first responder issues in terms of what protective
15 equipment they need to have. What are the standards for infection control? The alert
16 notification procedures, looking at this issue of work quarantine which was used in
17 Toronto for the SARS epidemic, where basically hospital personnel only worked and
18 then went home and did not go elsewhere to reduce transmission of disease. We do
19 have a number of workforce issues that we are working on. What is important for
20 Montgomery County is that when we have a large public health emergency, particularly
21 this, we are dependent on so many partners in our County. As you can see from our
22 Emergency Management Group, that we really are looking at a situation when most, if
23 not all, of the County employees need to be designated essential employees, because
24 there are many roles and responsibilities and assignments that need to be addressed.
25 We have a hospital collaborative -- healthcare collaborative -- working with our hospitals
26 in terms of the surge capacity and we have been working with them in terms of how to
27 increase that surge capacity. Right now we have only 500 additional beds that we would
28 have available in a surge. The federal standard for the National Capital Region is
29 actually to have 3,000 total, so we have a ways to go with that. And the next slide I think
30 will address some of the more -- I've addressed a number of these issues for isolation
31 and quarantine and some of my key staff are currently at the Metropolitan Washington
32 Council of Governments meeting in a regional meeting now in terms of looking at these
33 policy issues on isolation and quarantine. Getting consistency across jurisdictions,
34 'cause a disease does not respect our geographic jurisdictions and we need to be
35 consistent in our response as well. The next slide, the last slide. This I have mentioned
36 in terms of working with our hospitals. And the last slide, in terms of an important issue
37 of continuity of operations. This is important for all of our government departments, as
38 well as our private businesses, our hospitals, everyone, to look at identifying what are
39 the critical functions and services that we need to keep running? What do we do if 15,
40 20%, 25% of the workforce is unavailable? How do we sustain operations? What if the
41 leadership is ill or is not available? What is that authority in delegation? And how do we
42 think about, even at the beginning of an outbreak, in terms of what we will be doing to
43 bring government services back in line and restore operations. I will end with that.

44
45 Council President Leventhal,



January 31, 2006

1 Dr. Tillman, thank you very much, and thank you, Dr. Taylor. If I can summarize, it
2 seems to me the following, that we have two separate issues here this morning. The
3 first issue is an understanding of what is avian flu and the current strain of avian flu,
4 which are those -- I'm sorry -- H5N1. That's one issue. Then there is the second issue
5 which is the risk of a pandemic flu, which might or might not be triggered by the spread
6 of H5N1, we have no idea. And so It's important to keep a separation between those
7 two. And that as we are looking at contingency planning for a pandemic, whether or not
8 H5N1 develops into a major cause of disease for humans, which today it is not a major
9 cause of disease for humans. We want to be prepared and aware and have these
10 discussions ahead of time for some mutation of some influenza outbreak, which may or
11 may not be related to H5N1. Mr. Knapp.

12
13 Councilmember Knapp,

14 Thank you, Mr. President, and thank you both for your presentation this morning. I
15 appreciate it. And thank you, Mr. President, for bringing this to all of our attention,
16 'cause this is something that the Homeland Security Committee had discussed a little
17 bit, but we wanted to get more information. I think its important for the entire Council to
18 hear it. A couple of questions. First is -- I guess to Dr. Taylor -- the notion of a
19 pandemic, if I heard you right, it's when, not if. So does a pandemic have kind of the
20 same seasonal characteristics that we would see with what we typically have with the
21 flu season or will a pandemic hit whenever?

22
23 Dr. Jean Taylor,

24 Well, a pandemic is unpredictable in terms of when it will occur and it may not have a
25 seasonal pattern.

26
27 Councilmember Knapp,

28 Okay. Dr. Tillman, you talked about Essence and the Applied Physics Lab. Do we have
29 -- I mean have we -- that's a relatively new system that in place for the last couple of
30 years. Is that -- have we been able to track enough of a trend so that we feel
31 comfortable that we will get enough notice -- we will be able to see it as it is correlating
32 in this region? I mean I just haven't had any good feedback as to how well -- it sounds
33 like a good concept, I haven't seen how it's been in practice.

34
35 Dr, Ulder Tillman,

36 That surveillance system has been useful to us already in terms of, I guess it was two
37 years ago with the flu season that we saw the problem three weeks before we got the
38 official notice that it was here. So we did have early signs of that. There have been a
39 number of national conferences, international conferences, in terms of the interpretation
40 of those alerts in trying to get better or consistent definitions and things like that. So it is
41 evolving, but it has shown its usefulness to us.

42
43 Councilmember Knapp,

44 The ability to produce vaccines, if I heard you right, is probably a four to six month
45 process once we've identified the strain and -- knowing the difficulties we have in the



January 31, 2006

1 vaccine industry it's probably at least that four to six months. And then the scale, I mean
2 where would you even begin to distribute globally? So it's going to be -- the challenge
3 will be -- it sounds to me as though you wouldn't be able to rely too much on vaccines.
4

5 Dr. Jean Taylor,

6 That's exactly right. That's one of the take-home messages is that we are not going to
7 be able to rely on the vaccines and antivirals. It's just a very small percentage of the
8 population for antivirals. Right now for antivirals there's enough in the stockpile to cover
9 maybe 2% of the U.S. population. And vaccines, the issue there is we're likely not going
10 to have it, and then when we do it will be in short supply. So we'll need to look at non-
11 medical interventions.
12

13 Councilmember Knapp,

14 Right. Okay, thank you. Which gets me to my next question, which is we saw their share
15 when we were not anticipating a significant outbreak, and difficulties in getting our first
16 responders vaccinated with flu vaccine. And so the question I have is recognizing that
17 it's a when not an if, what type of training are we undergoing right now for first
18 responders and how are we defining that and how are we making -- what kind of
19 benchmarks do we have to make sure that whatever techniques we are going to be
20 using that people are trained by some point in time to be ready to implement those?
21

22 Dr. Ulder Tillman,

23 Let me try to address that for you. Just as Dr. Taylor said in terms of non-medical
24 means that we must be using, some of the messages we have been trying to get
25 across, particularly to our school system and to others are in terms of some of the
26 basics, about the frequent hand washing, keeping about a yard's distance from
27 someone who appears ill -- is doing the coughing and the sneezing -- using proper
28 coughing and sneezing etiquette. And I think I was here before and I said that it's
29 important, you know, to spare your hands you cough into the crook of your arm. We are
30 trying to get that message through -- out to people. There are important to issues that if
31 you are sick, encouraging you to stay home from work or school and what the
32 implications of that are, and that is also why we want to engage our business
33 community more in terms of how do we address those issues. For our first responders,
34 we are also giving them those messages. We have also done a big investment, along
35 with our hospitals, in terms of personal protective equipment so that even if they are not
36 vaccinated, they would have the N95 mask that they will use. That does require training
37 and conditioning and fit testing, because it's difficult to keep those masks on. But when
38 they are in close contact with somebody who has a respiratory illness which may be a
39 flu-like illness that is what we are encouraging as well. All of this, as you said, does rely
40 on exercise and training and keeping everyone aware in terms of what are the basics
41 that you can do.
42

43 Councilmember Knapp,

44 So, have we begun those training exercises for firefighters, police, bus drivers, folks
45 who are going to be the first to come in contact with anybody?



January 31, 2006

1
2 Dr, Ulder Tillman,
3 We have begun -- they have undergone the fit testing for their mask. We have had a
4 series of different exercises...

5
6 Councilmember Knapp,
7 Which they? All of those groups?

8
9 Dr, Ulder Tillman,
10 All of the first responders, including public health staff. And the hospitals are doing a
11 similar thing as well. I need to look more closely in terms of what actual training during
12 our exercises for events to see how they are practicing those. We've done a one full-
13 blown exercise, but I would like to see something where I'm not in the EOC so I can
14 actually assess how well that is happening.

15
16 Councilmember Knapp,
17 If we could, I'd just like to get a sense of the kind numbers we are having going through
18 that training. I mean the part I'm concerned about is that if even a quarter of the
19 numbers of what you've presented to us come true, I mean if we're looking at a 50%
20 mortality rate right now, even if that drops to 25% that's going to be quite daunting to
21 anyone who's going to say, "Gee, am I going to put myself in harm's way with that kind
22 of a percentage out there. And so we're going to have to make sure that people feel
23 very comfortable in the masks, whatever equipment we're providing to them, that they
24 feel comfortable in the training that they've done that there is a pretty high degree of
25 certainty that if they do these things as first responders they will be okay, however we
26 define "okay." And so just to get a sense of how many people are kind of getting
27 through that type of training would be helpful.

28
29 Dr, Ulder Tillman,
30 And I can look into those numbers for you. Training and exercises is a large issue in the
31 National Capital Region and it is related to that urban area security initiative funding. We
32 are following the training that is approved by federal Homeland Security. So I would
33 have to look at how I can get those statistics for you because it's done regionally more
34 so than at the County level.

35
36 Councilmember Knapp,
37 Okay, then sort of the second set of questions ties back into individual and family
38 strategies. At our Homeland Security Committee meeting yesterday we got a package
39 of information from Gordon Aoyagi about kind of how we are doing with Homeland
40 Security preparedness broadly. How do those strategies correspond to what it is that we
41 would be expecting people to try and do to take care of themselves in the event of a
42 pandemic, as opposed to some type of broader incident? I mean most people I think are
43 thinking about hurricanes and floods and bioterrorism activities or terrorism activities,
44 How does a pandemic correlate to that and how are we getting -- what type of



January 31, 2006

1 information do we think our families and individuals need to be able to kind of weather
2 that kind of a storm?

3
4 Dr, Ulder Tillman,

5 In that package that was presented to the Homeland Security Committee yesterday it
6 did also include what we call "sheltering in place," in terms of what individuals can do for
7 extended periods of time and how they should have supplies of food in water and
8 medications in their homes. And have their kits, if you -- for want of a better word --
9 ready, so that if they do need to go elsewhere they can be taking those things with
10 them. That Plan 9 listed those nine essential things that each individual should have
11 ready. It needs to be coupled also with the risk communication messages that need to
12 go out to the public and to businesses in terms of following the directions as we
13 received word from the federal level and the state level in terms of any other advisories
14 that they should be following as well.

15
16 Councilmember Knapp,

17 So if I hear you correctly then, for whatever emergency incident we're preparing for the
18 information that we're providing is consistent. So whatever you need to do to shelter in
19 place for any incident is the same type of activities you should undertake for this
20 pandemic versus any other types of threat that we're seeing. Generally it's the same
21 theme, it's the same message, do the same things to be prepared as a family or as an
22 individual.

23
24 Dr, Ulder Tillman,

25 Yes, generally that is the case. And I think also what's important with pandemic
26 influenza when you are trying to minimize the human-to-human transmission of the
27 disease. That's why those other modalities such as reducing public gatherings, we'd
28 have to take a hard look in terms of whether or not people -- kids should even be going
29 to school during something like that. That is also another component that's added to it,
30 but generally, it is the same preparedness messages the need to follow.

31
32 Councilmember Knapp,

33 Okay, and I think that's an important point for us to get out there, that this is not
34 something that requires you to do something differently. If you're getting prepared for an
35 incident, you're taking the same measures, the same steps to be prepared, and so do
36 the same things for all of those types of activities. Okay, one more which is the
37 workplace training, or workplace interactivity. I've talked to a couple large businesses
38 that nationally and internationally are taking great efforts, and I've talked to other
39 businesses that haven't even thought about this. Kind of along the same lines of looking
40 at what we've done with our first responders do we have some sense of -- well, let me
41 tell you a concern. When Gordon spoke to us yesterday he said that they are in fact
42 doing meetings with HOAs and with civic organizations, but that that's limited to
43 effectively two or three people in his shop. So that means they're are getting to, you
44 know, in a best case scenario, six or seven meetings, really, a month. The question I
45 have is how -- but recognizing that, how are we reaching out to workplace and business



January 31, 2006

1 environment to make sure that they are getting this message in do we have some
2 measure, kind of benchmark, if we are making progress there?

3
4 Dr, Ulder Tillman,

5 We have been discussing that issue in the past couple of months and we have been
6 working with a major corporation in terms of the business plans for continuity of
7 operations that they have in place. We are working towards having a, say a half-day
8 symposium for businesses and working with our Chambers of Commerce in terms of
9 getting the word out so that they can better prepare. The federal government also, on
10 their website, www.pandemicflu.gov has a checklist for businesses in terms of the
11 different areas that they should follow. So they now have those checklists for state and
12 local governments, for individuals, for businesses, and then there is a fourth one which I
13 have not looked at yet. But they have been continuing to generate, these other things
14 and should be working toward.

15
16 Councilmember Knapp,

17 Okay, great. Thank you very much.

18
19 Dr. Jean Taylor,

20 I'd just like to follow up that one of the target audiences for this statewide pandemic flu
21 Governor's summit will be major businesses in Maryland. So that is one area that we
22 want to really engage our partners.

23
24 Councilmember Knapp,

25 And how is the response rate been, do you know, as far as getting attendance? Are
26 people responding?

27
28 Dr. Jean Taylor,

29 Well, we're in the progress -- the Governor's office is getting invitations out.

30
31 Councilmember Knapp,

32 Okay, great. Thank you very much.

33
34 Council President Leventhal,

35 Mr. Andrews?

36
37 Councilmember Andrews,

38 Thank you, Mr. President. Thank you for your presentations. I don't think one can
39 overstate the importance of the voluntary cooperation of the public in dealing with a
40 pandemic. One of the major components of this strategy is for people to stay in place if
41 they are ill. What do people need to have in place ahead of time since the outbreak
42 would likely be, as it says, sudden and potentially severe? What should people have in
43 place at their homes so that they don't need to go out once they are infected? And how
44 long should the supplies be -- what kind of a length of supplies should have?



January 31, 2006

1 Multiple Speakers,
2 [INAUDIBLE]

3
4 Councilmember Andrews,
5 Ah-ha, I see you have Plan 9.

6
7 Multiple Speakers,
8 [INAUDIBLE]

9
10 Councilmember Andrews,
11 This is not plan nine from outer space, which was one of the worst movies ever made.
12 This is Plan 9, okay.

13
14 Dr, Ulder Tillman,
15 Right, this Plan 9 that our advance practice center has been developed with the
16 American Red Cross to simplify what individuals should have in place so that they can
17 stay home. That includes the water, food, clothes, medications, medications, flashlight,
18 can opener, radio, hygiene items and first aid items, which include medications. And
19 people really should be thinking of keeping those in stores that will last them -- actually,
20 it's for at least two months, so it's a longer time. You know, we usually talk about a 72-
21 hour emergency kit, but now we're talking about for a longer period of time. And I know
22 that there are some challenges with that and I want to engage our pharmaceutical
23 community in terms of people who need medications, how can they have emergency
24 medications on hand, because that's in contradiction to the current medication
25 management where people can only have at most seven days of medication left before
26 they get a refill. So we do need to have those discussions as well.

27
28 Councilmember Andrews,
29 It includes water, food, medication, clothes, hygiene items, flashlights, and first-aid.
30 Where can people get a copy of this from the web page, Montgomery County website?

31
32 Dr, Ulder Tillman,
33 I did hear yesterday that this is at our libraries. We will work to see that we can have this
34 posted on the website. I know there were some resource issues in terms of having
35 enough of this for Montgomery County, but I will look into that. And if we need additional
36 resources I will certainly let you know.

37
38 Councilmember Andrews,
39 Okay. All right.

40
41 Councilmember Knapp,
42 To that end, yesterday it was reported that we had about 20,000 of these printed. And
43 so obviously that's probably not going to be sufficient.

44
45 Councilmember Andrews,



January 31, 2006

1 You said one thing that caught my ear earlier as well, and that is what is the proper way
2 to deal with a cough? If you've got a cough you have to cough. How should one prevent
3 their germs from spreading if they're coughing?
4

5 Dr, Ulder Tillman,

6 Ordinarily, if you are coughing or sneezing, you should be sure to cover your mouth and
7 nose with a tissue and dispose of that properly and then wash your hands. If that's not
8 available to you, I was saying that you really should turn your head into the crook of
9 your arm and cough in that to block transmission. But that is primarily if you don't have
10 the tissue to cover your mouth and nose.
11

12 Councilmember Andrews,

13 Sure, and I thought you said that, and I think since often people don't have a tissue
14 when they're coughing and hands are a common way to transmit, I think it's important to
15 get that out. I don't think most people have heard that, that you should...
16

17 Dr, Ulder Tillman,

18 Yeah, most go...
19

20 Councilmember Andrews,

21 Yeah, people use their hands, sure. And then they transmit it. So I think that we can't
22 overstate how important it is to keep getting public information out to people, because,
23 as I said, the success of it requires voluntary cooperation by a great number of people.
24 Thank you.
25

26 Council President Leventhal,

27 Mr. Perez.
28

29 Councilmember Perez,

30 Thank you. Thank you both for your presentations. Thank you, Dr. Taylor, you have a
31 wonderful reputation across the state and you not only have an important message to
32 deliver, but you're effective in the manner in which you deliver your message. So I
33 appreciate your coming here today because I know you -- everybody has a busy
34 schedule. On Circle 16, there is a -- you used a chart, WHO Pandemic Influenza
35 Phases. You don't need to get it, you said that currently we are in phase three and for
36 purposes of comparison, was this chart ever relevant in the discussion of S, and did
37 WHO ever get us to any phase with SARS?
38

39 Dr. Jean Taylor,

40 Right, this phase -- this chart was just recently developed in the last -- before -- or after
41 the SARS outbreak. So not to my knowledge of something comparable during the
42 SARS outbreak.
43

44 Councilmember Perez,



January 31, 2006

1 Okay, how -- SARS is something that people still -- in some people's memories, how
2 would you compare that with what we are dealing with now and what we have
3 discussed today?

4
5 Dr. Jean Taylor,

6 Well, there are a couple of differences. One is that the influenza virus is much more --
7 influenza in general, I'm not talking about the H5N1, but I'm just talking about influenza
8 virus -- is much more spread it's highly more contagious, more contagious than the
9 SARS virus, which is caused by a Coronavirus. So that's one thing. The other thing is
10 that influenza can be contagious before somebody is sick. So that somebody can look
11 and feel well and still be able to transmit. So a day or two before symptoms begin, an
12 infected person can spread to others. So those are some of the differences.

13
14 Councilmember Perez,

15 Different question. When you were talking about the spread through poultry, I was
16 thinking about the fact that we -- our diversity as a County is one of our greatest sources
17 of strength as a County. And one aspect in which that strength manifests itself is that all
18 of us from different cultures bring many of our traditions from our homeland and we
19 learn from each other. How do you -- this appears to be one tradition that we want to
20 embrace, but also be mindful of certain public health implications. What sort of
21 strategies do you have in mind for educating our increasingly diverse communities
22 about this issue? Because I recognize when you say that 70% of people have contact
23 with poultry in certain countries. Obviously, we are not there in Montgomery County, but
24 we have pockets that we want to make sure we deliver this message to, and what
25 suggestions would you have for how to ensure that delivery?

26
27 Dr. Jean Taylor,

28 I think Risk Communication messages to the public need to be reader friendly and they
29 need to be in language and words that they can understand and relate to. It needs to be
30 in their language. We'll definitely need to have Spanish versions and other languages
31 of, you know, frequently asked questions and answers that we put out. We are working
32 with our Public Relations office and the Governor's office to make sure that the Risk
33 Communication messages that they get out will be user friendly.

34
35 Councilmember Perez,

36 If I am monolingual Cantonese can I access materials right now from the state in
37 Cantonese? Or let's use Mandarin, which would be more ubiquitous.

38
39 Dr. Jean Taylor,

40 Not to my knowledge, there is no Mandarin translations presently on the State website.
41 That needs to change and we need to include it other languages. I know Montgomery
42 County has several -- in other diseases, and I'm not sure, maybe Dr. Tillman can speak
43 to that in terms of fact sheets and information in other languages.

44
45 Dr, Ulder Tillman,



January 31, 2006

1 We have our basic bioterrorism preparedness newsletter or form that is at all of our
2 libraries and various places in our schools that are in, I believe it's about five different
3 languages, but in terms of getting the information on pandemic flu, avian flu, into those
4 languages beyond Spanish, beyond what our school system has done to do a fact sheet
5 for our children -- school children -- they've done those translations for the different --
6 their most prevalent languages there. But I even noticed that the federal website that is
7 from the Centers of Disease Control and Prevention -- that usually does many
8 languages -- it was not available in terms of the pandemic flu planning, other than
9 Spanish.

10
11 Councilmember Perez,
12 Well, that seems like a real hole in our...

13
14 Dr, Ulder Tillman,
15 And I've had requests for Asian languages.

16
17 Councilmember Perez,
18 So another example, we talk about this issue quite a bit in the new Montgomery County.

19
20 Dr. Jean Taylor,
21 It's definitely a gap that needs to be addressed.

22
23 Councilmember Perez,
24 Right. I guess my final -- it's not necessarily a question as much as it is a comment. And
25 it's not necessarily directed at you, because I have great regard for the work that you
26 have done. but it seems that one aspect of good preparation is to do are best as policy-
27 makers to make sure that people have access to primary care. And one way to do that
28 is to make sure that they have access to health insurance. Its been a little bit
29 challenging to watch cuts in the Medicaid program. So, for instance, you watch 4,000
30 pregnant women and children under 19 who get cut off the Medicaid rolls, and God
31 forbid if we had an outbreak of this, I don't think it would be a great idea for those
32 families if they no longer had access to primary care. And so as we devise solutions and
33 you have these plans, it strikes me that we have to be ever mindful of the broader public
34 policies that have people getting access to medical care, access to health insurance,
35 and I hope that as a public health professional and one who is exceedingly respected,
36 not only at a state level but nationally, you can communicate that message above your
37 pay grade to folks who are in the implementation, because this is all fine and dandy, but
38 if you are afflicted and don't have a doctor to go to, you are in a world of hurt.

39
40 Dr. Jean Taylor,
41 I completely agree with that. I think that underscores the importance of all sectors of
42 government, not just public health being involved. For example, another good example
43 of this would be if we mandate isolation of cases or quarantine of contacts, what about
44 those people who don't have work benefits to cover them from when they are not at
45 work? How will they get paid? Where we'll their salary come from? That's a Department



January 31, 2006

1 of Human Resource issue, potentially. There's other government agencies that need to
2 be involved. So it's really a multifaceted, multilevel, multisector problem.

3
4 Councilmember Perez,

5 Agreed. Again, thank you for coming. This was very educational.

6
7 Dr, Ulder Tillman,

8 I just received word, too, from my deputy that our minority health initiatives are working
9 currently now with our biodefense team in terms of the language needs.

10
11 Councilmember Perez,

12 Thank you.

13
14 Council President Leventhal,

15 Okay, and we appreciate Scott Riley being here as well, representing the Chief
16 Administrative Officer and the County's Emergency Response Team. Dr. Tillman, I do
17 need to comment. You said that people should plan a 30-day emergency supply of food
18 and water. Just water alone for a family of four, that would be 124 gallons of water. I'm a
19 home owner, I have a half an acre of property, I don't have anywhere to store 124
20 gallons of water. So the idea that we, County government, should be telling people that
21 they're somehow falling short if they're not setting aside 30-days worth of food and
22 water for a family... I just don't feasibly -- where is anyone going to store all of that food
23 and water? How can we be telling people to do that? They don't have storage. I don't
24 have storage.

25
26 Unknown Speaker,

27 The Webb Tract.

28
29 Council President Leventhal,

30 The Webb Tract, yeah, good idea. [laughter]

31
32 Councilmember Perez,

33 You've got a solution.

34
35 Councilmember Praisner,

36 And then school buses will drive it around the county and...

37
38 Council President Leventhal,

39 Well, I mean I just hope that if we're -- as we are developing our contingency plans
40 we're not counting on individuals stockpiling 30 days of food and supplies, that -- it's not
41 feasible.

42
43 Dr, Ulder Tillman,

44 I know that is challenging, I also know that there are some groups that do exactly that. I
45 do come from a background where we are encouraged to have a year's supply of



January 31, 2006

1 nonperishable foods as well. But I know that is challenging. But these are things that
2 people really should think about. And there are ways of putting some nonperishable
3 food supply and waters under tables and things like that. But there are some practical
4 ways to address this. But what I am encouraging and the point I was trying to make is
5 that the pandemic flu is not going to be something that's just going to be a three-day
6 event. We do have to figure out, yes, how are we going to get essential food and water
7 to our community and what can I have on hand so that they will not be... I mean we
8 have almost a population of a million. Do we have the workforce and an able and fit
9 workforce and dependent on suppliers that are going to get these things to people? Are
10 they going to be able to get to stores during a catastrophic event as this? So I'm raising
11 that really to stress that we need to have more discussion around it and more planning
12 around it and how do we cope with this situation? It may not be 30-days, but it certainly
13 needs to be at least a week.

14
15 Council President Leventhal,
16 Well, okay, a week for a family of four, that's 28 gallons of water.

17
18 Dr, Ulder Tillman,
19 At least. I hear you, I hear you.

20
21 Council President Leventhal,
22 That's a whole lot of water. That's more than you can store in one closet. That's an
23 awful lot, so...

24
25 Dr, Ulder Tillman,
26 There -- you know, drinking water is out you can minimize for drinking water. You can
27 use other sources of water for bathing or other uses, so it's not just the bottles, but I
28 would love to continue discussion with you.

29
30 Council President Leventhal,
31 I do want to move this along, but there are some practical issues that many who may be
32 watching this won't take that seriously because it is not feasible to store, particularly
33 water, which is very bulky. Mr. Subin.

34
35 Councilmember Subin,
36 Well, advising citizens to store up 30 days worth of water and food, do we have 30-days'
37 supply in this building?

38
39 Council President Leventhal,
40 I assure you we do not.

41
42 Councilmember Subin,
43 Is there any government facility that does?

44
45 Council President Leventhal,



January 31, 2006

1 No.

2
3 Dr, Ulder Tillman,

4 That is currently not a recommendation. But it is something that we definitely have to
5 have me discussions about. There are places that do have water towers or reservoirs
6 where they know that they will have potable water available.

7
8 Councilmember Subin,

9 Well, the point is if the Executive Branch's saying out in public with folks presumably
10 viewing what is going on here and media listening in on this that they ought to have 30
11 days worth of food and water. I'm just suggesting that before we make statements like
12 that, we be prepared to do the same thing. I don't think we are going to rent Mr.
13 Leventhal's property to store water for the county, 'cause he can't get it for himself.

14
15 Dr, Ulder Tillman,

16 I am chairing a Essentials Needs Group of the Regional Health Officers for the National
17 Capital Region. We will be having a meeting next week regionally in terms of discussing
18 some of these issues and looking at the essential needs that individuals and families
19 need to have in place and how to do that. And I we'll have discussions with them. I will
20 bring out back those policies as they are formulated in terms of what are the
21 recommendations that we will make.

22
23 Councilmember Subin,

24 Well, I hope the school system is included with that before we fully fund our capital
25 budget.

26
27 Council President Leventhal,

28 I just hope that as we make these recommendations to individuals, some of from are
29 frightened and our taking this seriously, that we have some idea in mind of what is
30 practicable. What if you live in an apartment? How much storage, what is reasonable?
31 How much of your family living space are you not supposed to enjoy because you got
32 gallons and gallons of water under every table and chair? I don't think its practical.

33
34 Dr, Ulder Tillman,

35 It's also just a note though in the 72-hour kits with the information, that there are ways
36 you can decontaminate other sources of water so that it can be useful so that you are
37 trying to get this bulky supply of potable water in one place.

38
39 Council President Leventhal,

40 But that doesn't relate to pandemic, pandemic assumes that you're sick and you can't
41 get to the store, it doesn't assume that all the water supplies are contaminated.
42 Contaminated water would be a weather event or a radioactive event or something like
43 that. A pandemic would not create contaminated water. We're talking today about
44 pandemic.



January 31, 2006

1 Dr, Ulder Tillman,
2 I'm talking about that if you need to use the water from say your bathroom or a bathtub,
3 you know, there are some cases that you boil the water if you need to drink it and cook
4 with it. But there are other ways to manage with that.

5
6 Council President Leventhal,
7 Mr. Knapp?

8
9 Councilmember Knapp,
10 I appreciate the point that the President raises, and I also appreciate the point Dr.
11 Tillman is trying to make. I think that the point is that we need to be, as individuals,
12 looking at what strategies we will employ in the event of something. But I think you're
13 very right in that people aren't going to have 30-days worth of food and water
14 necessarily stocked in their house. By the same token, we ought to be thinking about
15 what we need to do in the event that something presents itself, whether or not it's that
16 we have -- somebody has a lot of space and they can pull those pieces together, great.
17 If not what happens when an event occurs and how do we as families or individuals
18 plan to address that. I think it's something that people need to think about.

19
20 Council President Leventhal,
21 All right, we have a lot of people here to discuss Norfolk Avenue, so I do want to move
22 to that. Mr. Subin?

23
24 Councilmember Subin,
25 Well, it goes farther than that. I mean, if we are putting out the word, what have we
26 done, our police stations, our fire stations, or our hospitals are they prepared to do
27 something like store those kinds of materials so our first responders can remain first
28 responders? Or are we going to assume that the first responders are going to be home?
29 If they're not going to be home and they are going to be able to respond, what -- and
30 this threat is out there and it's real -- what are we doing other than telling citizens you
31 need to think about doing this? What are we doing for the continuity of government in
32 that same vein?

33
34 Council President Leventhal,
35 Okay, great. All right we thank you very much, especially you, Dr. Taylor, for coming
36 down for this presentation, it was very helpful. And Dr. Tillman and Mr. Riley, thank you
37 all for being here. Thank you, Mr. President. I want to suggest now as we move to a
38 discussion of facility planning review for Norfolk Avenue in Bethesda, first of all it's
39 unusual that a matter like this would come before the full Council. This has been an
40 issue on which I have encouraged the sides in Bethesda to try and seek a compromise
41 and they've not been able to do so. And so the choice -- the options before us are
42 relatively clear. And my hope is that we can proceed fairly crisply to a vote. The
43 members of the T&E Committee have discussed this in some detail, I know Mr. Denis is
44 very much aware of this and I know he'll want to speak to this. I hope that Dr. Orlin can
45 sort of paint the choices for us fairly crisply and that we could have them described



January 31, 2006

1 quickly and then proceed to a vote. I don't know that since the two parties who live there
2 and have the greatest interest in working this out were not able to strike a compromise, I
3 don't think its likely that the Council will come up with a compromise. We got a couple of
4 options if consensus is not achievable, that's why we have democracy, that's why we
5 vote. So my hope is that we could describe the issue fairly quickly, proceed to a vote
6 fairly quickly. We are talking about one street in a County of 500 square miles. We've
7 got to make a decision and I hope we can make it fairly promptly. Chairwoman Floreen.

8
9 Councilmember Floreen,

10 Thank you, Mr. President. Well, we all ran for this office so that I would be faced with a
11 variety of problems to solve. One problem is how we deal with the avian flu epidemic
12 and the challenges of pandemic planning...

13
14 Unknown Speaker,
15 [INAUDIBLE]

16
17 Councilmember Floreen,

18 ...and the other one is how people should park their cars. This debate which, regrettably
19 is before all of us, is really -- you are going to come down on the line of your faith in
20 human nature, I think. That's really the issue here. The majority of the T&E Committee, I
21 would call them the optimists, the issue -- and they recommend that DPWT, which has
22 gone through a planning process for Norfolk Avenue in Bethesda, they recommend that
23 the Department adopt a parking plan. We are in unanimity that this -- the parking
24 arrangement on Norfolk Avenue will have some unique what are called "bump ups" at
25 that the end of each block. The debate has devolved to the question of whether
26 residents or users of the retail establishments in Bethesda would back into parking
27 spaces, angle parking spaces with a bike lane in front, or be more comfortable with
28 parallel parking. Mr. Orlin and the bicycle advocates have advocated for what is known
29 here as Concept One, and that's shown in I guess, Circle 1. And they have argued that
30 that is pedestrian that will encourage some -- really slowing down traffic, it would be
31 safe, and that it will be -- it will also add parking spaces in Bethesda. So that is the
32 Committee recommendation. I will note that the DPWT and the Planning Board did not
33 support this approach. I don't either. I have less optimism about the ability of residents
34 to adequately manage that kind of parking recommendation. But the pivotal issue that
35 stands between us and lunch is whether or not the Concept One should go forward or
36 not. The plan is in progress. There are about to proceed. We are told that this change
37 will -- the packet indicates that the Concept One approach is about 50% more
38 expensive and will cause some delay in the project, I gather. They can speak to that.
39 But that is the debate before us and that is why we earn the big bucks. So the
40 Committee recommendation is to proceed with back in angled parking on Norfolk
41 Avenue, and give it a chance.

42
43 Council President Leventhal,

44 On behalf of the Committee majority let me just say very briefly DPWT hired a
45 consultant to advise it on a bike friendly options for this road design. The consultant



January 31, 2006

1 came back with the proposal of reverse angle parking. When DPWT briefed the County
2 Council on how reverse angle parking would work DPWT distributed a brochure from
3 Salt Lake City which it meant to -- which -- as part of a presentation as to why this was a
4 hazard and wasn't used anywhere. But the brochure from Salt Lake City talked about
5 the great merits and virtues of this reverse angle parking for an urban lifestyle, traffic
6 calming, and described it as safe and pedestrian and biker friendly. I don't want to
7 spend a lot of time on this. The original goal as I understand it in the reason that DPWT
8 hired its consultant was to have a bike friendly environment. The biker community that is
9 represented here is strongly advocating for this reverse angle parking with the bump
10 outs. Why do we have to vote on this, one of my colleagues just asked, the reason is is
11 because DPWT has to design the street and construct the bump outs, and it is related
12 to the Woodmont sector plan, which we are going to discuss this afternoon, and as we
13 proceed to implement that plan, we need to give clear guidance to DPWT as to what we
14 want to do here. Mr. Subin.

15
16 Councilmember Subin,
17 In looking at diagram 2A on page five of what has been handed to us...

18
19 Council President Leventhal,
20 Yeah, somebody's got to explain, what are these photographs? This is Adams Morgan,
21 we know that, but...

22
23 Councilmember Subin,
24 I didn't know that.

25
26 Edgar Gonzalez,
27 Yes, this is 18th Street.

28
29 Councilmember Subin,
30 I'm not very cosmopolitan.

31
32 Council President Leventhal,
33 Yeah, this is Adams Morgan in Washington D.C.

34
35 Councilmember Floreen,
36 None of us have this material.

37
38 Council President Leventhal,
39 Well, it was distributed.

40
41 Multiple Speakers,
42 [INAUDIBLE]

43
44 Council President Leventhal,
45 Is this the DPWT's handout?



January 31, 2006

1
2 Edgar Gonzalez,
3 Yes.

4
5 Council President Leventhal,
6 Edgar, do you want to tell us what point these photographs are trying to make?

7
8 Edgar Gonzalez,
9 Well, we have a presentation we can do quickly and is a little comprehensive.

10
11 Council President Leventhal,
12 Well, could we just crisply describe the photographs?

13
14 Edgar Gonzalez,
15 Fine.

16
17 Council President Leventhal,
18 We have -- we have -- you know, the proposal's laid out in the memo. We're either in
19 favor of parallel parking on this street or we're in favor of reverse angle parking on this
20 street. The choices are fairly clear, and so... Well, I.. ...I don't want to entertain a whole
21 lot of discussion on it, 'cause...

22
23 Councilmember Subin,
24 The choice is not clear.

25
26 Council President Leventhal,
27 Okay. Well, Edgar, go ahead what do these photographs display.

28
29 Councilmember Subin,
30 Some of us who aren't blessed to be able to sit on the T&E Committee...

31
32 Council President Leventhal,
33 It is a blessing.

34
35 Councilmember Subin,
36 haven't been through this before. Well, you know...

37
38 Councilmember Floreen,
39 Well!

40
41 Councilmember Subin,
42 everybody has their cheap thrills, George. 2A, I mean that looks really confusing,
43 because you have cars cutting across the center line against traffic. You have cars front
44 end in, back and in, and it looks like the folks with the front end in, when they leave are



January 31, 2006

1 going to have to back out against the traffic and all the way across the street and back
2 over the center line.

3
4 Council President Leventhal,
5 Except that that is not the proposal for Norfolk Avenue.

6
7 Edgar Gonzalez,
8 Oh, yes, this is the proposal for Norfolk Avenue under the concept that the T&E
9 Committee...

10
11 Council President Leventhal,
12 No, because this is front end in...

13
14 Edgar Gonzalez,
15 No, this is back end.

16
17 Councilmember Subin,
18 No, this is front and back end in.

19
20 Edgar Gonzalez,
21 This is back end and this is...

22
23 Councilmember Subin,
24 That's why we need to take the time to ask the questions. Whoever put these out -- this
25 is really...

26
27 Council President Leventhal,
28 But the cars you're illustrating here are parking front end in.

29
30 Councilmember Subin,
31 No, no. George, on 2A they're both ways.

32
33 Edgar Gonzalez,
34 And there are signs that says "Back in parking only." And you had suggested, Mr.
35 Leventhal, that if we put those signs, people will obey the signs. The point we're trying
36 to make at the T&E Committee was they will not. I'm sure, they will get tickets, but the
37 major issue for us was the safety aspects of this behavior. People in Bethesda and in
38 general in this area are pressed for time all the time. If you are moving in the opposite
39 direction of the rear end or back in parking, you would just cross illegally that double
40 yellow line and will part front in. And you see the confusion that we have with our
41 neighbors in the district and that will happen here in our County, in the middle of
42 Bethesda. In addition to the other safety problems that we had prepared to explore, and
43 operational issues. That's the problem that we have presented to the T&E Committee.

44
45 Council President Leventhal,



January 31, 2006

1 Okay, Glenn Orlin, could describe your recommendation for the Council, please?

2
3 Glenn Orlin,

4 Okay, the recommendation is to have it reversed an old parking on the northeast side of
5 Norfolk Avenue which would allow larger bump out its on the northeast side to produce
6 the pedestrian crossing time by a full travel lane. Also It would also increase the number
7 of parking spaces on Norfolk Avenue by 20 over the Concept Two design. That's the
8 description of it, do you want me to get into the pros and cons or just stay with that?

9
10 Council President Leventhal,

11 Well, maybe we could have -- just to have the community voices here, maybe we could
12 have Mr. Hoye and maybe a representative of the Chamber who tried to work this out
13 and couldn't, in brief describe their points of view on this. Ms. Martin, why don't you
14 introduce yourself, please, and make your case, and then Mr. Hoye can introduce
15 himself and make his case.

16
17 Ann Martin,

18 Sure, for the record Ann Martin, representing the Greater Bethesda/Chevy Chase
19 Chamber of Commerce. We have submitted our testimony. We have updated our
20 position to support -- to include support of the bump outs along Norfolk Avenue. We are
21 opposed to the reverse angle parking which is represented in Concept One as it is
22 inconsistent with the Woodmont Triangle vision for this area. As you know we've been
23 working on the Woodmont Triangle Amendment which is coming to you later today. We
24 feel that -- we support the DPWT and the Park and Planning position as amended by
25 the Councilmember Floreen at the T&E Committee level to take out bike lane striping,
26 'cause that's what the bicyclist community indicated they wanted, not a striped lane, but
27 just to have the area for a bike lane with the parallel parking because of our cafe
28 seating, because of the vision, because of the extra paving involved with the bump outs
29 takes out from the mixed use character. We understand in areas where this has been --
30 where the reverse angle parking was implemented it was taken out when a mixed use
31 development was developed, redeveloped on the streets. And we don't want to just
32 waste money to have it redeveloped back to division when the developers come in and
33 look at the retail aspects of the streets and the pedestrian friendly experience. As we
34 noted in our testimony, the sector plan recommends the bump outs, which we support,
35 the signage to make it a biker friendly area. And we support all the recommendations in
36 the master plan such as the special crosswalks, distinctive signs and logos, secured
37 and frequent bike racks, entry features, and posted bike route maps. We feel that will
38 support the biker friendly recommendation for this CIP project .

39
40 Unknown Speaker,
41 [sneezing] .

42
43 Councilmember Praisner,
44 Elbow, elbow!



January 31, 2006

1 Councilmember Silverman,
2 Do you want to shake hands?

3
4 Multiple Speakers,
5 [LAUGHTER]

6
7 Ann Martin,
8 In summary we feel that DPWT and the Planning staff have other -- their planning
9 support reasons and their operational and safety basis as well. We support the Concept
10 Two, which is the parallel parking, a method that is consistent with the Woodmont
11 Triangle position.

12
13 Council President Leventhal,
14 Thank you. Mr. Hoye.

15
16 Richard Hoye,
17 Thank you, Mr. Leventhal, for allowing me to speak on behalf of the Action Committee
18 For Transit. Action Committee For Transit supports the reverse angle parking plan and
19 we note that this has been supported by a variety of transportation experts and urban
20 experts, Mr. Ralph Bennett, professor of architecture, University School of Maryland,
21 who has studied Wheaton and he has also, with his colleagues, studied the Woodmont
22 Triangle as part of a student project last year, understands the concepts involved with
23 this and its urban application intimately and expertly. Mr. Bill Wilkinson, head of the
24 National Center For Bicycling and Walking, a internationally renowned expert who now
25 has offices at 8120 Woodmont Avenue supports this. Understanding vehicular traffic,
26 issues of urban design, and the needs of cyclists and walkers. The list goes on. The
27 issues in this concept -- this well tested concept -- have been vetted by experts. It's also
28 been vetted by the Department of Public Works and Transportation and allowed to be
29 offered as an option to the public last January. Concept One was vetted internally and
30 released to the public as one of two design options. So as we come here today, I see
31 that we really have plowed this ground. And it has met a wide variety of tests. The
32 Action Committee For Transit is very concerned about applying urban design tools to
33 urban areas. It's also called context sensitive design. It's a movement supported by
34 federal highways and by Maryland D.O.T. And this means we'd apply a different set of
35 tools and approach to streets that have a different context. We are not all highways,
36 through highways. Norfolk Avenue, in particular, is essentially a long, straight parking lot
37 in its actual application. Through traffic, including truck traffic that might serve Norfolk
38 Avenue, goes on St. Elmo, Cordell, all the cross streets coming from major streets, like
39 Old Georgetown and like Woodmont. Therefore, this street serves a pedestrian function
40 as its primary purpose. Now, as progress has come to cities throughout the country, this
41 kind of parking plan has been applied and it's been applied so that we understand that
42 we do not have to give space in a roadway environment for each independent use, that
43 we can share the space. Time sharing. And that's another critical point. To increase the
44 pedestrian safety and the vitality of the urban experience, we must create shared
45 spaces. So by giving a separate place for pedestrians on the sidewalks, parking cars, a



January 31, 2006

1 bike lane for bicyclists, a travel lane for cars, enough space to turn the biggest truck that
2 you can think of, then we've gone backward in time to the 1950s. We know that we can
3 share uses and that this actually creates a sense of safety. It also creates the vitality
4 that we're looking for. We actually look to increase the turnover and the presence of
5 vehicles queuing on Norfolk Avenue. It's not a through street. We're not getting
6 anywhere there, we're already there. When we get on Norfolk Avenue, whether you're a
7 truck or a car driver, you're there, you're not going anywhere. So to slow that traffic
8 down allows pedestrians a safer opportunity to cross the street, a more pleasant time on
9 the sidewalk. And it allows cyclists, particularly novice cyclists -- which I'm very
10 concerned about -- to occupy the street, the travel lane where they belong for their
11 safety, because they will be able to travel at the same speed of the car traffic. The
12 theory and the application of this and the review of this has been done. I'm very
13 concerned about public process. We do live in a post Clarksburg world. And the ship of
14 state is a ponderous ship, it takes time to change. People at the helm -- you all --
15 understand. But to get the rest of the ship to move in the direction that we need to go is
16 going to take concerted, focused effort on your part, and courage. So, as we go through
17 process and process, it's important that the public be given an opportunity to weigh in
18 and that the Department be taken on its word that we have a viable design. This has
19 been done. Thank you.

20
21 Council President Leventhal,
22 Good. Thank you very much.

23
24 Councilmember Floreen,
25 Mr. President, I just wanted to note for the Council's benefit -- I guess the decision
26 points before us. The Committee recommendation, as I said earlier, was to agree with
27 Mr. Hoyer on the subject. And if that is the case of that this body, we will need to amend
28 I guess the PDF in the CIP for the Bethesda bikeways and pedestrian facilities for the
29 project...

30
31 Glenn Orlin,
32 Not necessarily.

33
34 Councilmember Floreen,
35 ...unless there are sufficient votes here that reflect inherently a capital vote.

36
37 Glenn Orlin,
38 If I can explain, the current CIP isn't -- actually what it says is the one thing it does say
39 about Norfolk Avenue is "bike lanes." In fact, nobody's position on the T&E Committee
40 calls for a bike lanes anymore. But beyond that, it calls for a bike way and it's silent on
41 whether it's Concept One or Concept Two. The key is this, if the current CIP is not
42 changed and let's say the Council majority opts for Concept One, I think the next thing
43 you should do is ask the Department right now what its intent is, because it doesn't have
44 to do what the Council says because there is -- the CIP -- it is vague. You could
45 certainly change the [07 to 12] CIP that's under development now to say Concept One,



January 31, 2006

1 but the problem is that the project is ready to go to construction in the next month, two
2 months or so. And so that ought to be asked of the Department. And if the Department
3 believes that they're going to go forward with Concept Two, and your vote is to go with
4 Concept One, then you would need to have an amendment. But the Department says,
5 no, they'll go along with the Council, then I don't think you need to go with an
6 amendment. Obviously if you vote for Concept Two, then no change is necessary. Clear
7 as mud?

8
9 Council President Leventhal,
10 Mr. Subin.

11
12 Councilmember Subin,
13 Well, I think I see the answer on why this is before us.

14
15 Multiple Speakers,
16 [laughter]

17
18 [INAUDIBLE]

19
20 Councilmember Subin,
21 If you look at 2B, I mean that looks like the poster child of why not to do this.

22
23 Council President Leventhal,
24 And that's why they chose that photograph. We could also show you photographs that
25 describe what an attractive and useful experience it is. I mean Adams Morgan is a
26 highly trafficked place, you could certainly find photographs with parallel parking that are
27 just as hectic and full of traffic and dangerous. So they found a good photograph to win
28 your vote, Mr. Subin, may be they'll be successful.

29
30 Edgar Gonzalez,
31 Can I say a word?

32
33 Councilmember Subin,
34 But I want to know from the Committee majority how you are going to avoid this?

35
36 Council President Leventhal,
37 How you're going to avoid...

38
39 Councilmember Subin,
40 How are you going to avoid -- you're telling me before I asked -- you're answering my
41 question, before I ask it. And in answering my question before I ask it, you're saying this
42 is the worst of all possible situations. That this is a nightmare and its the world as it is
43 somewhere. How are we going to avoid this if Concept Number One goes into play?

44
45 Council President Leventhal,



January 31, 2006

1 DPWT hired a consultant to advise it on how to create a bicycle friendly, pedestrian
2 friendly environment. The consultant came back with a recommendation for reverse
3 angle parking which, in addition to calming traffic, opens up 20 additional parking
4 spaces. DPWT has never done this before anywhere in Montgomery County. They are
5 threatened by change, they're opposed to this proposal, so they brought it to the -- so
6 we brought it to the T&E Committee, the T&E Committee...

7
8 Multiple Speakers,
9 [LAUGHTER]

10
11 Councilmember Subin,
12 Well, I'm not...

13
14 Council President Leventhal,
15 Well, I mean, you asked me a question, I'm trying to answer.

16
17 Councilmember Subin,
18 I'm not interested in personal recriminations. I want the answer to how -- you guys are
19 the ones who wanted to bring it here. And when you bring it before the full Council, you
20 take the risk that rather than the Committee recommendation going through, there are
21 going to be, God forbid, questions. And so how -- without accusing these good people
22 of being resistant to change or Neanderthals or anything else, how -- has anybody
23 considered how this can be avoided?

24
25 Council President Leventhal,
26 Okay, just -- I will retract the comment about resistant to change. DPWT hired a
27 consultant that recommended this option. DPWT decided it did not like the consultant's
28 option. The bicycling community likes the option. We had a discussion in the T&E
29 Committee. I guess there's a lack of clarity from the standpoint of what direction DPWT
30 is getting from the Council. I'm not actually -- I mean staff can answer why this is on our
31 agenda. I approved it to being put on the agenda in so far as there was a disagreement
32 among Councilmembers and so we were not sending a clear signal to DPWT as to what
33 the will of the Council was, the Committee majority's position was clear, but DPWT
34 opposed the view of the Committee majority. So maybe staff...

35
36 Councilmember Silverman,
37 He's coming back, he's coming back. He's coming back.

38
39 Councilmember Subin,
40 I need -- I need -- I need hot water, Howard.

41
42 Multiple Speakers,
43 [LAUGHTER]

44
45 Council President Leventhal,



January 31, 2006

1 So it comes down to just to -- I'll close here -- It comes down to a question of are you
2 going to have this different parking mechanism, which is used in other cities, or are you
3 going to have parallel parking? You could easily find a photograph of a busy urban
4 street, in Bethesda, in Washington D.C., or in any other city, where drivers are doing
5 stupid things on a street with parallel parking where hazards may exist. So the
6 suggestion that this reverse angle parking is a unique cause of traffic accidents and
7 stupid behavior by drivers, that parallel parking is not, accident accidents occur under
8 any mode of parking. But DPWT has found these photographs and they do make a
9 compelling picture. I notice that today that DPWT is not distributing the brochure from
10 Salt Lake City which described reverse angle parking as the greatest thing ever to
11 happen in urban design. I'd like to get that brochure if we could get a copy of it.

12
13 Councilmember Subin,

14 Drivers are always going to do stupid things, me included. And I'm sure you can get
15 pictures that show where this works or doesn't work. You still have not answered the
16 question, which is simply how is this going to be prevented? Or, if they prevent it in Salt
17 Lake City, how do they prevent it in Salt Lake City, or Moscow? How are we not going
18 to get into this? How are you going to keep me from doing what that black car in the
19 middle of the picture is doing?

20
21 Councilmember Silverman,
22 Take away your license.

23
24 Councilmember Subin,

25 That still won't stop me. I'm in court all the time with people who've had their licenses
26 taken away.

27
28 [LAUGHTER]

29
30 Council President Leventhal,

31 Surely you acknowledge, Mr. Subin, that that car could just as easily be crossing lanes
32 looking for a parallel parking space. I mean that car saw a parking space on the other
33 lane, that car is parked -- is crossing against traffic to park, whether it's the reverse
34 angle parking space or a parallel parking space. Cars do that all the time, they make U-
35 turns to get a parallel parking space on the other side of the street. That happens too.

36
37 Councilmember Subin,

38 That is a good point. However, in this case, it is far simpler to simply go off on a 45-
39 degree angle into a space, instead of doing a 180 and then having to back up. This is
40 relatively easy maneuver, the other isn't. And in this case, this person is being covered -
41 - given cover by somebody who happens to be doing the same thing in the opposite
42 direction, which is -- you know, the two of them are crossing the line at the same time. it
43 would have been interesting to see what would have happened if neither one of them
44 were going to yield the right-of-way. They would have met right in the middle.



January 31, 2006

1 Council President Leventhal,
2 Do we still have a copy of that brochure from Salt Lake City that was distributed at the
3 last meeting?
4

5 Councilmember Perez,
6 I was talking to Mr. Andrews, I walked into the meeting inclined to support the parallel
7 parking option. And then, I believe it was someone from DPWT who passed that
8 brochure around. And I got to reading it, and the more I read it, the more impressed I
9 was with that option, we have a serious parking problem in downtown -- in that area. It
10 created, I believe, 20 additional spaces. It certainly -- this street is frequented a lot by
11 bikers. And I do agree with DPWT's assessment that a picture does tell a thousand
12 words. And I'm sorry that I didn't bring that with me, because that brochure was what
13 persuaded me that this actually was useful. And it was there own expert, so if someone
14 did have that -- I mean I can go down and check my file.
15

16 Arthur Holmes,
17 We can get that for you, but let me indicate to you that I did look at the consultant's
18 report and then looked at what I considered to be the consequences of the rear end
19 parking, and I'm the one who said "Let's look at it," and then I asked my traffic folk to
20 look. I looked at the warrants and looked at the things in our traffic manuals, and I
21 changed my mind. So I'm the one who said let's go back to the DPWT position to have
22 parallel parking. And there are advantages to it. Certainly, we brought things that are
23 going to support our position in this instance. Glenn has other parts in the study here
24 that support other positions. And that's why we're here for a decision to be made. But I -
25 - my position is that I believe that it is unsafe, I believe the advantages that you would
26 get with the backing in of a cars is far outweighed by the disadvantages.
27

28 Council President Leventhal,
29 Mr. Knapp?
30

31 Councilmember Knapp,
32 Wow! This is a -- for someone with no skin in the game, no dog in the fight, no nothing, I
33 have to sit here and say a lot of this is counterintuitive. As I listened to the initial
34 presentations, the pedestrian friendly folks want more parking and presumably more
35 cars. The folks who are generally more supportive of more commerce want fewer cars
36 and less parking, and I just -- to try and reconcile that with all of the other pieces, could
37 anybody in make those pieces coincided?
38

39 Multiple Speakers,
40 [INAUDIBLE]
41

42 Arthur Holmes,
43 As indicated by Edgar, we have a presentation we would like to make if there's time. Or
44 if you think you can make the decision without it, then go. I strongly believe and I



January 31, 2006

1 instructed my folk as they work that I am in favor of the parallel parking. That's what we
2 are presenting as the DPWT position.

3
4 Edgar Gonzalez,

5 There wasn't one consultant that we hired, we hired many consultants all of the time
6 and many times we disagree with our consultants. Your professional planning staff, your
7 professional engineers, and your professional traffic engineers have to take into
8 consideration what outside people tell us. And our position as professionals in this field,
9 we strongly -- strongly support the parallel parking and strongly disagree with this
10 concept. It creates too many operational problems. It creates safety problems, it creates
11 liability problems that those professors and those consultants that come in and go don't
12 have to deal with. We have to deal with, and we have to deal with the professional
13 bicyclist. We have to deal with the people that are very experienced in riding bikes in
14 mixed traffic. But we also have to worry about the safety of the inexperienced bicyclist
15 and the bicyclist that is coming to have a pleasant experience in Bethesda to attend one
16 of the restaurants and one of the sidewalk cafes that will be exposed to all of these
17 fumes by the back in parking. So we had a prominent presentation. Pictures are worth --
18 by the way, these pictures were not staged by DPWT or taken by DPWT staff. DPWT
19 had absolutely nothing to do with these pictures. These pictures were taken by people
20 that are interested in this type of thing and they tell you -- they tell you what the
21 problems are.

22
23 Council President Leventhal,
24 Ms. Praisner.

25
26 Councilmember Praisner,

27 Well, this is so Montgomery County, I can't believe it. I couldn't agree more with Mr.
28 Knapp on this whole issue. Maybe we -- as Mr. Silverman suggested -- we'll do half the
29 road one way and half the road the other -- no I [might fall in love with it].

30
31 Glenn Orlin,

32 Actually, that was one of the compromise options that was reviewed.

33
34 Councilmember Praisner,
35 Of course!

36
37 Edgar Gonzalez,

38 No, that's option "B," that's option "B."

39
40 Councilmember Praisner,

41 I thought it was Option "C" or Concept Three or whatever. I have a couple of questions.
42 Ann, we received, I thought, a series of letters or comments admittedly solicited, but
43 from the businesses in the area along that street who appeared to support the concept
44 being advocated by the Committee. And yet you are here representing the Chamber
45 which is the broader business community. How much of your interactions did you have



January 31, 2006

1 with folks who work on Norfolk, or own businesses on Norfolk and how did you arrive at
2 your position and how do you respond to the fact that we've received correspondence
3 from those to operate businesses on the area advocating for the concept the Committee
4 proposes?

5
6 Ann Martin,

7 Our position is more with the stakeholders, the property owners, along all of the streets
8 in Woodmont Triangle that we've been working with through the Woodmont Triangle
9 process on the redevelopment of this area. And we did ask for more public meetings to
10 be held by DPWT, which they did hold in the evenings, not just in the day times, on the
11 two options for the parking. And as I understand it, none of those merchants who wrote
12 those letters were there. We don't look at the additional parking spaces in a vacuum.
13 We've just spent a lot of our Parking Lot District funds on a new garage on Del Ray and
14 Rugby which is not being used to capacity and the renovation of Garage 11 on
15 Woodmont and Old Georgetown. We understand that there's not a demand out there for
16 these -- they're 25% occupied I understand.. DPWT can address that. But as much as
17 we like convenient spots for our retailers, we have to balance that with the vision for the
18 streets to be a mixed use development with cafes, with pedestrian sidewalks, not with
19 the rear in cars, not turning it into a parking lot on our four blocks that we're trying to
20 make...

21
22 Councilmember Praisner,

23 So you have a concern with the quantity of the spaces as well as with the design?

24
25 Ann Martin,

26 No, it's the design, it's a large bump outs that are associated with the parking spots as
27 well. The reverse angle parking adds 20 more spots because of the reverse angle and
28 making the streets narrower, but we have to look -- we balanced all the issues as far as
29 pedestrians, bicyclists, cars -- vehicles going through and the loading and the circulation
30 in this area and the safety. And we just didn't want our gem of an area that we are trying
31 to redevelop turn into a parking lot situation. We balanced these issues before, like with
32 the valet parking situation, taking away a parking spot so a restaurant can be successful
33 in doing valet parking. We do balance these issues, it's not just all about having more
34 parking lot spaces. We feel that the money used -- we're not really saving any money on
35 the parking spaces as put in the staff report, because they're not going to be building
36 these spots anyway, since they're not -- the garages are not being used to capacity right
37 now.

38
39 Edgar Gonzalez,

40 For the Council's information, we have over 2,100 spaces within one block -- one block -
41 - of Norfolk Avenue. And the occupancy rate on the major garages in one case is about
42 69% and in another case is in the 25%. We have hundreds of spaces that are vacant
43 during the lunchtime which is the peak time for parking usage, because you have all of
44 the employees and you have people coming to lunch in Bethesda. Hundreds of spaces
45 are vacant. During the evenings and on weekends we have over a thousand spaces



January 31, 2006

1 available that are vacant typically on a normal day. So it's not an issue of getting in 20
2 spaces and you are going to save \$500,000, that's virtual -- fictional money. You are not
3 going to save anything. We have the spaces within a block -- within a block of Norfolk
4 Avenue. It's not like we are crying out for spaces in that area. And we have the statistics
5 of usage on a garage and a lot basis at different times of the day to prove it, so...

6
7 Councilmember Praisner,

8 So from your perspective, the advocacy by the businesses that may be on that road for
9 the back in is associated with the more space is but you have an answer to that issue.

10
11 Edgar Gonzalez,

12 Correct. It is very important to realize that, yes, it's easier to park next to the curb and
13 then go up to the restaurant, that's more convenient, but that's because of the
14 convenience to the general public. So they are going to appreciate that and the
15 businesses are going to appreciate that. But remember on the back in parking, all of the
16 exhausts are directed to the sidewalk. Where we are encouraging the vision for that
17 area of Bethesda is sidewalk cafes, and here you are going to be enjoying your dinner,
18 you wine, whatever, your coffee, and then you will have all these fumes coming at you.
19 That's not conducive. That's part of the opposition that we also have. I believe our
20 colleagues at Park and Planning have with this idea. Is also the -- mostly it is the
21 operational and safety issues that we have a problem with this idea.

22
23 Councilmember Praisner,

24 Okay, thank you.

25
26 Council President Leventhal,

27 Mr. Perez, did you...

28
29 Councilmember Perez,

30 No, no, I'm...

31
32 Council President Leventhal,

33 Okay, Mr. Silverman.

34
35 Councilmember Silverman,

36 Thank you, Mr. President, I have a couple of questions. Edgar, sidewalk cafes, I'm
37 looking at what you handed out, so let's just take a stroll down in Norfolk Avenue here.
38 We have...

39
40 Council President Leventhal,

41 The problem is this is going to make us hungry, Mr. Silverman.

42
43 Councilmember Silverman,



January 31, 2006

1 No, from actually Norfolk Avenue where the parking spaces are, 'cause from the right to
2 the left we have space empty, we have Eagle Bank, I doubt they will have a sidewalk
3 cafe, what is Design Within Reach?
4

5 Edgar Gonzalez,

6 The vision for this area, for the Woodmont Triangle is a vision of redevelopment and
7 Marlene Clemens probably would be the best qualified to discuss and describe for you
8 what the master plan was based on and what the vision for this area is.
9

10 Councilmember Silverman,

11 Well, my question to -- I'll ask Marlene is is the vision for Norfolk that we're going to
12 have sidewalk cafes from Fairmont Avenue down to Cordell? And what is the
13 implementation strategy for that?
14

15 Council President Leventhal,

16 And where does Eagle Bank have to go to make that possible?
17

18 Marlene Clemens,

19 [INAUDIBLE] Eagle Bank.
20

21 Council President Leventhal,

22 And where does Design Within Reach have to go? Are all of these businesses going to
23 be displaced to make room for the sidewalk cafes with the wine and the coffee?
24

25 Councilmember Perez,

26 What kind of coffee are they going to serve?
27

28 Multiple Speakers,

29 [LAUGHTER]
30

31 Edgar Gonzalez,

32 Colombian, of course.
33

34 Multiple Speakers,

35 [INAUDIBLE]
36

37 Marlene Clemens,

38 I'll try not to talk about the food.
39

40 Council President Leventhal,

41 Well, Mr. Silverman's point is that looking at the map there...
42

43 Councilmember Silverman,

44 ...I want to understand. Go ahead.
45



January 31, 2006

1 Marlene Clemens,

2 Okay. No, it will not be solid cafes between the two parks, Veterans Park and Battery
3 Lane Park. But this -- we talk about shared space. This is a street that is not unsafe. It is
4 a safe street. Our vision is that you will see from Veterans Park all the way to Battery
5 Lane Park. It will be a place for strolling, for people doing all sorts of activities. It is
6 deemphasizing cars. What we don't want is all of those cars sticking out into that
7 "viewshed," if you will, that link between Battery Lane Park and Veterans Park. This is a
8 people space for everyone, minimizing cars. I think the point that Edgar made about the
9 nearby parking structures is very important. This is a very urban place with mixed use,
10 all kinds of uses. The curbside parking is merely for convenience. Within one block, you
11 have parking in the parking structures, just as you do in downtown Silver Spring that
12 has just been revitalized.

13
14 Councilmember Silverman,

15 All right, thank you. Let me ask this. One of the challenges that I have with the pictures
16 in front of us, any of these pictures, but picking 2B, I've spent a lot of time down at
17 Adams Morgan. This is 18th street that you took pictures of. 18th street is a major then
18 route and in fact is one of the only two ways as a practical matter that you can get to
19 18th and Columbia from downtown. I was -- and we don't have -- and we can look at the
20 whole Woodmont and the CBD map but Glenn's got the map from the Woodmont
21 Triangle sector plan. I think Richard alluded to this, but I -- just personal observation -- if
22 the end result as a user, okay, as somebody looking for a parking space, is that by
23 putting in -- whatever these are called -- angle parking, that's actually going to make it
24 more challenging for me to park, which I think it will. And doesn't that in fact encourage
25 what you're trying to do with Norfolk Avenue. Norfolk Avenue should not be the cut
26 through street. That's why you have Woodmont, that's why you have Old Georgetown,
27 that's why you have Wisconsin. Why do you want to have a parking approach that, in
28 effect, encourages people to use Norfolk as a cut through? I thought that was why we
29 have got these other spine roads?

30
31 Arthur Holmes,

32 But you also, as you have the angle parking, you're putting more parking spaces there.

33
34 Councilmember Silverman,

35 I'm not focused on the -- I mean I don't care whether there are 63 or 83, I buy into the
36 idea there's adequate parking in the Woodmont Triangle there. I'm just trying to
37 understand what is the goal here and what is the concern? There is a big concern if you
38 are trying to go to Adams Morgan and you have the misfortune of going up 18th street,
39 because you are going to run into the angled parking challenge that is there, whether
40 you are looking for a space or otherwise. But I'm trying to understand -- in fact, it seems
41 that from a policy standpoint, if we want to discourage Norfolk Avenue from being
42 nothing more than a cut through street, from point "A" to point "B", then we ought to go
43 with angled parking, because it seems as though that will create less of a likelihood of
44 there being continued extensive traffic on Norfolk.



January 31, 2006

1 Arthur Holmes,
2 But you'd still have the conflicts as people try to get in and out, whether it's...

3
4 Councilmember Silverman,
5 I guess what I would say is once I know that Norfolk has this angle parking, if my
6 purpose is to get from point "A" to point "B," I'm not taking Norfolk any more. I would
7 take Woodmont, I would take -- I mean if I want to go to any of these side streets, why
8 would I want to go up Norfolk?

9
10 Emil Wolanin,
11 I think -- from my perspective as a traffic engineer, what this really comes down to the
12 balancing effect of all the operational issues. Everything that we see, all of the expert
13 literature says angled parking inherently is less safe and has more operational issues
14 associated with it. You could make arguments in a lot of the jurisdictions that have
15 implemented angled parking will use the merits of specific aspects of it, but taken in
16 total, taken within the context, even Salt Lake City, the brochure that you referenced,
17 there was two travel lanes, there was a center left turn lane. One of the issues that we
18 have here is within the context of Norfolk Avenue, the geometrics, 11 feet of space from
19 the edge of that parking lane to the centerline, there will be a greater likelihood that
20 vehicles are going to encroach over the center line into the oncoming lane of traffic. I
21 never look for the opportunity to put vehicles into the opposing lane of traffic, that head-
22 on collision is the most worse that you can come up with. One of the diagrams that we
23 had up there, it shows under Display "B" I believe it was, is the actual turning template
24 path of a vehicle, and if you look over to the right between Fairmont and St. Elmo...

25
26 Edgar Gonzalez,
27 In your displays, in your Display "B".

28
29 Emil Wolanin,
30 ...that purple vehicle there shows a vehicle that is exiting or the typical path of entering
31 or exiting that space. And it shows that vehicle -- a typical design vehicle has to cross
32 over the center line. In these other applications, here -- here and 18th Street, you have
33 two travel lanes. Other applications that we have seen, you have a buffer area which is
34 a two-way center left turn lane, or a striped out median. I appreciate and what Mr. Hoyer
35 said is very exact is, this is very much in tune with context sensitive design. I personally,
36 as a professional, don't believe that this is the part proper context. Only 11 feet of space
37 between the center line and the edge of that vehicle, 18 and a half feet space for the
38 vehicle, we have a class of vehicles out there, the Excursions, the Suburbans that are
39 upwards of 20-feet long. They will overhang. What you see in that 1-A, the likelihood of
40 that street furniture getting stuck and knocked over, that is going to be more common
41 because you have the edge of the cars that will overhang the curb where you don't have
42 that in parallel parking. You can hear a lot of these arguments that our being used for it,
43 but taken in a total context, you have a greater likelihood of operational problems in this.
44 I think that the parallel parking versus the angle, the fact of the matter is it presents a



January 31, 2006

1 greater likelihood of a more chaotic situation. And that is what we are experiencing in
2 these sequence of photos where vehicles tend to be all over the place.

3
4 Arthur Holmes,

5 I'd just like to emphasize, as I said before, when I came up and started telling my folk to
6 -- "let's go with the alternative "B" it was primarily because of this kind of information
7 given to me, and a safety point of view from the traffic folk in DPWT. I wasn't thinking
8 about a sidewalk cafes. I was thinking about the safety aspects of it and the geometry
9 that he talked about.

10
11 Council President Leventhal,
12 Mr. Denis?

13
14 Councilmember Denis,

15 Thank you, Mr. President. When General Holmes says that the concept is unsafe, I take
16 that very seriously. I respectfully suggest that we all should. I think maybe that's the
17 bottom line here. But I do have some process questions, because I'm a little bit unclear
18 as to how we got here and what the implication of a vote is. Let me just state this as I
19 understand it, and please correct me if I'm wrong. This is being opposed by the
20 Planning Board, Marlene Clemens, you are the Planner for Woodmont Triangle. May I
21 ask you did this come up when the Planning Board took the plan up?

22
23 Marlene Clemens,

24 The person who did the staff report included this concept, but since DPWT had already
25 come to us for a mandatory referral with Concept Two the Planning Board supported
26 Concept Two as did the staff.

27
28 Councilmember Denis,

29 Okay. So it's basically -- it's Concept One is not in the master plan. I mean that's the...

30
31 Marlene Clemens,
32 No, it never was.

33
34 Councilmember Denis,

35 ...and it never was. Okay, from a process standpoint, if the Committee majority prevails
36 before the full Council, I take it then that this afternoon we would have to amend the
37 master plan, or would that be automatic? Or is this -- would this be considered an
38 amendment to the master plan?

39
40 Emil Wolanin,

41 No, you'd have to add language which-- the only language you'd have to ask is to
42 change the illustration on page 27 to reflect Concept Two.

43
44 Councilmember Denis,

45 Okay, well, you say we would have to, I mean, we would still be voting on it.



January 31, 2006

1
2 Emil Wolanin,
3 Yes.

4
5 Councilmember Denis,
6 So the Council would then have to vote basically to change something in the master
7 plan to be consistent. And maybe people change their mind, maybe some people are
8 temporarily out of the room or whatever, but in any event, but in other words there has
9 to be a second vote on a different item basically. We have a different senior analyst that
10 is going to be here.

11
12 Emil Wolanin,
13 I'll be here.

14
15 Councilmember Denis,
16
17 You'll be with us, but I mean Marlene Michaelson will be here for the master plan and so
18 on.

19
20 Emil Wolanin,
21 Go ahead. [INAUDIBLE].

22
23 Councilmember Denis,
24 But if -- if...

25
26 Councilmember Praisner,
27 Call me when you're ready.

28
29 Councilmember Denis,
30 ...if that prevails then -- am I correct that this -- or what is the effect of this before the
31 Department? Is this basically another item on a menu that the Department can then
32 accept or reject? Or is the Department telling us that if the Council votes a certain way
33 that they would follow suit? Or does the Department feel so strongly that even if we
34 supported one concept they would then want to recommend another? In other words, I
35 guess what that all boils down to is what does this vote mean? So, can the Department
36 explain, General Holmes?

37
38 Arthur Holmes,
39 I guess I would have to answer that. Certainly, when the Council says something, we
40 look at it very seriously. However, as you look at the various situations, you would then
41 take into consideration those things that you weigh heavily. And in this particular
42 instance I weigh very heavily the geometry, I weigh very heavily the safety aspects as
43 set forth by Emil. So I would hope I wouldn't have to make that decision.

44
45 Councilmember Denis,



January 31, 2006

1 Okay, but if the Council basically supports Concept One and then the Department, for
2 what ever reason, supports Concepts Two, would we then automatically be back here
3 for a CIP amendment or what?

4
5 Glenn Orlin,

6 That's up to the Council, and you would need six votes for that. The point is that the
7 Department, as I said earlier, is ready to go to construction this -- late this winter or early
8 this spring. If the Department indicates that it, regardless of what the Council does in the
9 master plan, let's say it does go -- so go with Concept One, that it wants to proceed with
10 Concept Two, then the only way that could be effectively stopped is by a CIP
11 amendment which would require, again, a public hearing and a affirmative vote of six
12 Councilmembers.

13
14 Councilmember Denis,

15 So then an affirmative vote would lead to a vote this afternoon and a decision by the
16 Department and a possible CIP amendment before the Council?

17
18 Glenn Orlin,

19 Think of this as a sense of the Council vote. If you vote for Concept Two, then the plan
20 does not change the afternoon, there's no CIP amendment, so Concept Two is done. If
21 Concept One is -- since the Council is to do that, then you will come back this afternoon
22 -- presumably the same people vote in favor of that would vote in favor of what I just
23 mentioned about changing the illustration on page 27, And then, the question again as
24 to what the Department will do, what the Executive decides to do, and if the Executive
25 decides in that case to go with Concept Two, if the Council feels strongly enough about
26 it, and if there were six votes, ultimately for it, you know that until you have your public
27 hearing in action and a CIP memo.

28
29 Councilmember Denis,

30 Okay, well, I guess I find this an unfortunate distraction to the Woodmont Triangle plan,
31 which I think is a very good, I'd say at this point a very good consensus plan. And in a
32 curious sort of way it reminds me of the public hearing we had on Woodmont Triangle
33 when some people got off on a tangent about Battery Lane, which was not in the plan,
34 and it made it appear as if that was 70% of the plan. And here we are at the tail end and
35 this is before us. It is not in the plan, not recommended by a Department, has certain
36 advocate and I understand that, but it would not require a follow the bouncing ball
37 scenario to figure it out -- where would go from here. So, I guess the bottom line for me
38 is what I started out by suggesting that when the Department, for whom I have the
39 greatest respect, feels strong enough to come before us and say that a certain option is
40 unsafe, it's pretty strong language, and I for one am inclined to go along with them.

41
42 Council President Leventhal,

43 Okay. Mr. Knapp.

44
45 Councilmember Knapp,



January 31, 2006

1 Well, I was going to say that -- I'm right in Howie's camp then, but I thought Emil was
2 very persuasive and provided the right context. I appreciate all the testimony that
3 everyone else provided and I think in order to do something we would have to move the
4 minority position to get that back on the table.

5
6 Council President Leventhal,
7 It's before the -- the majority...

8
9 Councilmember Knapp,
10 No.

11
12 Council President Leventhal,
13 Well, you can go either way. The majority position is before the Council now, I don't
14 think it's necessary to amend it, you can vote against it.

15
16 Councilmember Knapp,
17 And that would get us to the same point? Fine.

18
19 Councilmember Praisner,
20 No, it would be a substitute to the Committee recommendation.

21
22 Councilmember Knapp,
23 Right. Yes, let's -- right, move the substitute to the... Thank you, Emil, for your
24 clarification.

25
26 Council President Leventhal,
27 Councilmember Knapp has moved and Councilmember Subin have seconded the
28 DPWT position as an alternative to the Committee's recommendation. Those in favor of
29 the motion will signify by raising their hands. That would be Mr. Denis, Ms. Floreen, Mr.
30 Subin, Ms. Praisner, and Mr. Knapp. Those opposed to the substitute motion will signify
31 by raising their hands. Mr. Andrews, Mr. Perez, myself, and Mr. Silverman. The
32 substitute carries by a vote of 5-4 and the -- without objection, the underlying motion will
33 be adopted. Hearing no objection, we are done on Norfolk Avenue. The Council stands
34 in recess until the hour of 1:45.

35
36 Councilmember Perez,
37 Mr. President, I just want to make sure the record notes -- Elda, I have a doctor
38 appointment with my kids and I hope to be back. I intend to support the Woodmont
39 sector plan, I'm just -- I'm working on getting back on time.



January 31, 2006

1 Council President Leventhal,
2 This is a public hearing on the a supplement appropriation to the FY '06 Operating
3 budget of the Montgomery County Fire and Rescue Service, for local Firefighter and
4 Rescue Departments, FY '05, Senator Amos Fire and Rescue Ambulance Grant in the
5 amount of \$1,277,500. A Public Safety Committee work session is tentatively scheduled
6 for February 2nd, 2006, at 2:00 p.m. The record will be closed at the end of the hearing.
7 There are no speakers. Can we ring the bell now for -- you did already. Okay, well, let's
8 prepare ourselves for the discussion of the Woodmont Sector Plan.

9
10 Multiple Speakers,
11 [meeting paused]

12
13 Council President Leventhal,
14 No, I don't need another copy, thank you, Amanda.

15
16 Multiple Speakers,
17 [INAUDIBLE]

18
19 Council President Leventhal,
20 Well, we have a quorum, but the Chairman's not here.

21
22 Councilmember Praisner,
23 Oh, for Woodmont?

24
25 Council President Leventhal,
26 For Woodmont, yeah.

27
28 Councilmember Praisner,
29 But we have a public hearing first.

30
31 Council President Leventhal,
32 It's done, we did it. There were no speakers.

33
34 Linda Lauer
35 [INAUDIBLE] Steve has left the building and his staff isn't [INAUDIBLE] so I don't
36 know. If you have a quorum you can go ahead.

37
38 Council President Leventhal,
39 Okay, well, let's go ahead. Yeah, well, let's go ahead. Okay, well, the Chairman will be
40 with us in a few minutes but let's ask Marlene Michaelson to catch us up on the
41 decisions remaining before the Woodmont sector plan.

42
43 Marlene Michaelson,
44 You have the resolution before you and there's only a couple of things I need to
45 highlight, and I know some Councilmembers wanted to propose a few changes. The



January 31, 2006

1 only substantive change to the resolution that I want to highlight for you is in the chart
2 which appears on Circle 15, which indicates the heights of buildings. And at the time
3 that the Council considered this -- and in fact in the draft resolution -- there were three
4 properties that had the same height, both with and without the MPDU bonus. To make
5 sure that there was an incentive for an MPDU bonus and consistent with what the
6 Council did on Shady Grove, I am recommending that the base height be lower so that
7 there will, in fact, be the incentive to go to -- provide the 15% MPDUs. You will see
8 those changes on block 11 and part of block 15 and in footnote 1. That is the only
9 substantive change. Councilmember Praisner did bring to my attention some changes
10 she wanted to make to clarify the nature of public amenities which I am -- concur are
11 good changes and I think she's going to highlight them. So, I'll let her do that. And with
12 that said, I did also indicate requests that had come in from members of the public for
13 changes in the resolution, which in my mind were substantive changes that I could not
14 make, but they are here if any Councilmember want to entertain any of these ideas.

15
16 Council President Leventhal,

17 Okay, I'm going to have an amendment regarding opportunities for additional housing
18 in the plan. So, Ms. Praisner, do you want to go ahead and describe your...

19
20 Councilmember Praisner,

21 Yeah, there are in a couple of places on Circle 8, line 324 talks -- and it's the same thing
22 in several places, talks about public art and arts facilities. And what concerned me is
23 you could think the word "public" refers to both the art and the arts facilities. And in
24 order to be clear, I have added the word "private arts facilities" because the expectation
25 is that there will be expanded facilities, but that they will be of the private sector nature,
26 not of the public sector nature. So, I added that on line 324 on Circle 8 and line 477 on
27 Circle 11 and on line -- let's see, it's line 750 on Circle 18. All of those where we talk
28 about art facilities. The other thing that I changed because -- or would request be
29 changed is on line 477 on Circle 11. When we talk about "needs" in a master plan, we
30 talk about public facility needs in most cases. We talk about the need for a library or the
31 need for a school or the need for a fire station. We don't normally use word "needs"
32 when it relates to the arts-related spaces and so I took the word "needs" out and am
33 suggesting that we say "The arts-related space could include the following" because not
34 all of them are necessarily needs. You just want to have these kinds of things present,
35 but you don't need to have every single one of them perhaps. I was concerned by the
36 word "need" might lead someone to think that the monies or the funds being collected
37 have to be used for these purposes. So I have eliminated the word "need" or proposing
38 to do that to change it to "could" so it says, "The arts-related space could include the
39 following," which leaves it more as an option. And I think Marlene and I discussed those.
40 So, unless folks are opposed that would be my recommendation.

41
42 Council President Leventhal,

43 Okay. Is there objection? Okay, the motion is made and seconded, if there is no
44 objection the language is...



January 31, 2006

1 Councilmember Floreen,
2 Mr. President.

3
4 Council President Leventhal,
5 Ms. Floreen.

6
7 Councilmember Floreen,
8 I just want to -- I missed Ms. Praisner's point before that one on art spaces.

9
10 Councilmember Praisner,
11 It says public art -- in three places the same term is used. "Public art" and then comma
12 "art facilities." The question is whether you are talking public related to both facilities, so
13 I put "private" in there because we are basically talking about private art facilities.

14
15 Councilmember Floreen,
16 Oh, okay. Thank you, thank you.

17
18 Councilmember Praisner,
19 Sure.

20
21 Council President Leventhal,
22 Okay. All right, well, I have an amendment. In County Executive Duncan's comments on
23 the Woodmont Triangle amendment of last August 25th, there was a comment to the
24 effect that there are some parking lots -- in particular there is a County parking lot on the
25 block bordered by Norfolk Avenue, Cordell Avenue, Woodmont Avenue, and St. Elmo
26 Avenue that the County anticipates that the County owned land in that block will be
27 incorporated into an optional method housing project or projects with significant
28 permanent affordable housing units. It's come to my attention that there are a few of
29 these little utilized, fairly narrow parking lots and we just had a lengthy discussion about
30 how there is actually a surplus of parking along Norfolk Avenue. And so I'm suggesting
31 that we use some of this property as a potential redevelopment site as a housing
32 resource, and I have distributed an amendment stating that "Public surface parking lots
33 in the sector plan area should be considered for optional method housing projects and
34 projects with significant permanent affordable housing," as being done in other areas
35 such as Lot 31 and in Silver Spring and I so move.

36
37 Councilmember Denis,
38 Second the motion.

39
40 Council President Leventhal,
41 Okay, I've made the motion, it's seconded by Mr. Denis. Is there discussion? Ms.
42 Floreen.

43
44 Councilmember Floreen,



January 31, 2006

1 Thank you, Mr. President. I support it. I just want to say it should be a given that public
2 parking lots or public parking facilities are always a -- provide an option for this kind of
3 joint partnership. So, it's fine -- I'm happy with clarifying it with additional words, Mr.
4 President, but I would hope that all the staffs and, frankly, the public at large would
5 appreciate the fact that this should be a fundamental planning objective for us and
6 throughout our master plans. That's all.

7
8 Council President Leventhal,

9 Okay then, the motion has been made by myself, seconded by Mr. Denis. Is there
10 objection to the motion? Hearing none, it will be incorporated into the master plan. Are
11 there any other amendments or questions or comments? If not, then those in favor of
12 adoption of the Woodmont Sector...

13
14 Councilmember Denis,
15 Whoa!

16
17 Council President Leventhal,
18 Whoa, Mr. Denis. Please.

19
20 Councilmember Denis,
21 I just want to make a few comments. I didn't realize the train was moving quite that fast.

22
23 Council President Leventhal,
24 We are, get on board, man. Yeah.

25
26 Multiple Speakers,
27 [laughter]

28
29 Councilmember Floreen,
30 We've got to comment, we got [INAUDIBLE].

31
32 Councilmember Denis,
33 This is -- I just want to make sure for one thing that all of our colleagues are here. This
34 really a great day for Bethesda and Montgomery County. I'm grateful to all who have
35 helped to make it possible. Last time we were here, on November 22, the sector plan
36 passed on a straw vote 7-0. And I think, today, we're going to try to convert the straw
37 into bricks in more ways than one. I think that this provides us a window of opportunity.
38 That's basically all it is, but I'm very optimistic and hopeful that this being the excellent
39 consensus plan that it is that there will be, I feel confident, a renaissance in the
40 Woodmont Triangle area. This certainly is not only a chance for it, but I think our last
41 and best chance for the Woodmont Triangle area to achieve the potential that it has
42 always had. Change is inevitable but growth is optional. And that's true for a person and
43 it's true for a community. And just as for a person with the community, you have to make
44 choices. And there are consequences to those choices. You don't have absolute control
45 over what the future is going to bring and you cannot ever absolutely predict all the



January 31, 2006

1 future contingencies but I think it's important to keep in mind that not doing anything or
2 taking the easy way out is also a choice and I think it's a choice that, very often, can
3 lead to decay and to erosion. There is a county on the eastern shore, Kent County,
4 that's the smallest county in the state of Maryland. And it's had basically the same
5 population for a couple of hundred years. That's their choice. Now, if they were closer in
6 and neighbors to the nation's capital, they might not have had the choice that they have
7 exercised to maintain their same very small population. But ever since our neighbors to
8 the south were designated as the nation's capital, there has been an increase in the
9 land value in the Washington region, what we today call the Washington region. And
10 that's just the fact. If you want to blame it on someone, blame it on George Washington,
11 who cut maybe the best land deal in the history of the world at a tavern in Georgetown
12 and that resulted in the land that's now named after him being the nation's capital. And
13 that's simply a fact. And I was reading in the book about Abraham Lincoln. I try to read
14 about one Lincoln book a year. In this -- this is actually about Lincoln's melancholy. But
15 it says here that by the winter of 1861, war time Washington bulged in population from
16 60,000 to 200,000. That's been the history of the Washington region from the Civil War
17 to the war on terrorism. Whenever there is a problem people say the government has to
18 do something and that means bigger government and trying to solve a lot of our
19 problems. And if Congress would decide to move the Capital to Kansas or somewhere
20 else in the country, there wouldn't be the same land values that you have in
21 Montgomery County and elsewhere in the Washington region. I think that's simply a
22 fact. But one of the biggest facts that we deal with is the Capital Beltway and Metro. And
23 I think there are implications to that from a development standpoint and that certainly, I
24 believe, should be well appreciated by all. That wherever you have a Metro stop, you're
25 going to have an opportunity for the type of development that helps to meet the needs
26 of a growing community. You will have an opportunity for fewer and shorter auto trips.
27 And that has been one of the driving forces behind all of our development plans in
28 Montgomery County. So I think it's important that, when we consider Woodmont
29 Triangle or other plans to keep this in a historical context. Looking at Woodmont
30 Triangle, the start of that as a handful of restaurants, historically in the 1940s and
31 gradually has become the restaurant capital of America. And strength leads to strength.
32 You have Imagination Stage in the forefront of Bethesda and our emergence as an arts
33 and entertainment destination. I think there are great things yet to come. When
34 Niederlander moves into the Art Deco Theater on Wisconsin Avenue, the Bethesda
35 Open Partnership has become a model for the County and for the state. In 1994, the
36 Bethesda Central Business District sector plan was adopted. But by Y2K, starting in the
37 late 1990s, problems became apparent. Small businesses were struggling, restaurants
38 were closing, going bankrupt, or moving and there were evictions And then came 9/11
39 with its devastating blow to the hospitality industry which suffered greatly in the
40 Woodmont Triangle area. And south of old Georgetown Road, Bethesda Row which
41 basically had only one property owner, was able to do better planning, more expeditious
42 planning, as opposed to Woodmont Triangle which has about 55 or 60 property owners;
43 small, medium and large. And even new parking facilities as we heard this morning in a
44 different context did not help as much as we had hoped. So the hard fact is that
45 Bethesda has not achieved the number of housing units recommended in the 1994 plan



January 31, 2006

1 and a proposition that was recommended for properties for apartments in the '94 plan
2 have actually been developed as townhouses or condos. So I think that we have an
3 opportunity here to turn that around. Housing -- affordable housing -- is an important
4 factor in activating and stimulating retail businesses, hoping to supply customers who
5 can move easily and walk to shops, restaurants, arts, and not to mention easier access
6 to schools, Metro, parking and libraries. This is important to the quality of life for
7 residents who deserve a first-class community and to an expanding tax base that will
8 help the County generate the revenue we need for education, parks, public safety, and
9 libraries. So, hopefully, if I can optimistically look forward to the outcome here, I want to
10 thank the stakeholders for reaching out to each other; the residents, the property
11 owners, and the businesses. I want to thank the Planning Board, Derick Berlage, and
12 [Marilyn Clemmons], John Carter, and Dan Hardy. I want to thank the committee -- our
13 Planning Committee: Steve Silverman, Nancy Floreen, and Marilyn Praisner, and our
14 Council and staff, Marlene Michaelson, Glenn Orlin, and Amanda White. I look forward
15 to the adoption of the plan and look forward to even greater quality of life for the
16 residents and for the businesses in the Woodmont Triangle area.

17
18 Council President Leventhal,
19 Mr. Silverman.

20
21 Councilmember Silverman,
22 Thank you, Mr. President. Very briefly, I want to congratulate my colleague, Mr. Denis,
23 on his hard work. This is a very important issue for his district, but for all of us who are
24 at-large members of the Council, it's equally important. This is now the second time in
25 two weeks that this Council has gone on record, sending a very strong message in
26 support of smart growth in Montgomery County. There is a big difference between
27 talking the talk and walking the walk and both with Shady Grove and the Woodmont
28 Triangle, we have sent a clear message that Montgomery County is prepared to
29 implement smart growth and not just talk about it. I would also say that, in terms of the
30 additional housing that will be available in the Bethesda area, assuming that we get
31 through our plans this year to hopefully enact some version of workforce housing
32 legislation that affordable and workforce housing legislation will be a part -- excuse me,
33 affordable and workforce housing will be a part of the Woodmont Triangle, just as it was
34 a part of our discussions about Shady Grove and should be an appropriate part of our
35 smart growth efforts. Thank you.

36
37 Council President Leventhal,
38 Well, thank you, and thanks to the staff and thanks to all colleagues. We are ready to
39 vote. Those in favor of the Woodmont sector plan will signify by raising their hands. That
40 would be Mr. Denis, Ms. Floreen, Mr. Silverman, Mr. Knapp, Mr. Andrews, Ms. Praisner,
41 and myself. It's unanimous among those presents. Next on the agenda is ZTA 05-08,
42 Minimum Lot Area and Transfer of Density in CBD zones. Who is going to tell us about
43 this? You?

44
45 Councilmember Silverman,



January 31, 2006

1 I would just see whether there are questions or comments that Councilmembers have. If
2 not, we could move to a vote.

3
4 Council President Leventhal,
5 Okay, Ms. Praisner.

6
7 Councilmember Praisner,
8 I just wanted to make a comment. I was going to make the comment as it relates to the
9 master plan, and I thought it actually more appropriate that it be made with the Zoning
10 Text Amendment. We are in the process of approving this zoning text amendment,
11 which I assume will pass, adding to the complexity of our zoning ordinance at a time
12 where we are also concerned about monitoring and implementation. I'm going to
13 support this because I think this is an attractive approach for implementation, but it
14 requires two things: It requires vigilance from a standpoint of tracking what is actually
15 happening from -- on the ground as applications come in and as folks start to look at
16 where someone may be transferring density from one lot to another. As I said when we
17 talked about this within the committee or maybe at this table, the risk we have is
18 someone coming back later and saying, "I want to do this and it's really, really good but,
19 unfortunately, I transferred my density and if you all would just modify the zone such
20 that I can take it back"... I know people don't think this will happen but I have sat here
21 long enough to see people modify it and it will happen, or they will try and make it
22 happen. I think folks have to be on notice when they purchase property and when they
23 apply for zoning or change -- when they apply for the development in some kind of
24 document that Park and Planning must develop, that, in essence, put folks on notice
25 what you giveth away, you cannot take back. It is critical that you do that and that you at
26 Park and Planning track the actual activity. And the second piece that's critical in my
27 view is if you see problems, you've got to speak up and tell us about it. And that's true
28 for the community, residential as well as business community, and it's especially true for
29 Planning Board staff. and Planning Board members. This is a complex zone. It requires
30 a variety of things, including you collecting money. No more Black Rock from a
31 standpoint of problems coming up later because you have not managed it appropriately.
32 Or someone getting ahead of the expectations, getting ahead of the reality. Both of
33 those things are critical, or everything we want to do will fall apart in my view unless we
34 do the follow-through that's required. So I think whether it's in the -- the record of the
35 zone discussion or whatever, that needs to be clearly stated again and again so that we
36 don't find ourselves later on caught in the implications of something that is an
37 unintended consequence. That's all I want to say.

38
39 Council President Leventhal,
40 Okay, this is -- we don't need a roll call vote on this?

41
42 Multiple Speakers,
43 Yes.

44
45 Council President Leventhal,



January 31, 2006

1 Okay, Clerk will call the roll.

2
3 Council Clerk,
4 Mr. Denis.

5
6 Councilmember Denis,
7 Yes.

8
9 Council Clerk,
10 Mrs. Floreen.

11
12 Councilmember Floreen,
13 Yes.

14
15 Council Clerk,
16 Mr. Silverman.

17
18 Councilmember Silverman,
19 Yes.

20
21 Council Clerk,
22 Mr. Knapp.

23
24 Councilmember Knapp,
25 Yes.

26
27 Council Clerk,
28 Mr. Andrews.

29
30 Councilmember Andrews,
31 Yes.

32
33 Council Clerk,
34 Mrs. Praisner.

35
36 Councilmember Praisner,
37 Yes.

38
39 Council Clerk,
40 Mr. Leventhal.

41
42 Council President Leventhal,
43 Yes. ZTA passes unanimously among those present. Okay. The Council is adjourned
44 the PHED Committee will meet at the conclusion of...
45



January 31, 2006

- 1 Councilmember Silverman,
- 2 Yeah, the PHED committee will meet at 2:20.
- 3